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ABSTRACT

A practicum was conducted to evaluate and modify the educational expectations parents and educators perceived as appropriate for children with Down's Syndrome. The research effort took place after parents were told that their children would attend the local school for the mentally retarded because they exhibited Down's Syndrome. The objectives of the study were to evaluate parents' attitudes toward the education of their children and then, through workshops, attempt to change those attitudes so that the children would be educated according to their ability and not on the basis of their diagnosis or handicapping condition. A total of 764 educators and 100 parents were surveyed. Teachers returned 206 completed questionaires; parents returned 61. Results were evaluated by computer according to the SCSS Conversational System of analysis. In two workshops conducted for parents and educators, children with Down's Syndrome interacted with adult participants. A post-survey following the workshop attempted to determine the effectiveness of the change strategies used. A large percentage of educators did not respond to or comply with the survey, perhaps because it was too long. Although 874 notices were disseminated to parents and teachers, workshop attendance was poor. As a result of the analysis of pre- and post-survey data, it was concluded that the standards of performance were met for practicum goals and objectives. Related materials, including the survey instruments, are appended. (Author/RH)

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EVALUATING AND MODIFYING THE EDUCATIONAL EXPECTATIONS WHICH PARENTS AND EDUCATORS PERCEIVE AS APPROPRIATE FOR DOWN'S SYNDROME CHILDREN

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NOVA UNIVERSITY

EVALUATING AND MODIFYING THE EDUCATIONAL EXPECTATIONS WHICH PARENTS AND EDUCATORS PERCEIVE AS APPROPRIATE FOR DOWN'S SYNDROME CHILDREN

Second Year Practicum Report

Submitted to the Faculty of the
Early Childhood Education Program in Candidacy for the
Degree of Doctor of Education

by

Barbara E. Humphreys

Nova University
Cluster 11

July, 1984

PS 014812

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ABSTRACT

Evaluating and Modifying the Educational Expectations Which Parents and Educators Perceive as Appropriate for Down's Syndrome Children. Humphreys, Barbara E., 1984: Practicum Report, Nova University Ed.D. Early Childhood Education Program. Descriptors: Young Exceptional Children: Young Down's Syndrome Children: Attitude Change in Adults: Mainstreaming Young Down's Syndrome Children: Down's Syndrome: Teacher Attitudes: Parent Attitudes.

This practicum involved evaluating and modifying the educational expectations which parents and educators perceived as appropriate for children with Down's syndrome. This was in response to parents being told that their children with Down's syndrome would attend the local school for the mentally retarded because they were Down's.

The goal and objectives were to evaluate the parents attitude toward the education of these children and then, through workshops, attempt to change that attitude so that children with Down's syndrome would be educated based on their ability and not their diagnosis or handicapping condition. A survey was disseminated to 764 educators and 100 parents. The results were evaluated by computer using the SCSS Conversational System of analysis. Two workshops were conducted for parents and educators where children with Down's interacted with the participants. A post-survey followed the workshop to determine the effectiveness of the change strategies which were implemented to facilitate attitude change.

As a result of the analysis of the pre and post survey data the conclusion was reached that the standards of performance were met for the goals and objectives of this practicum.

DEDICATION

This practicum and its results are dedicated to all children with Down's syndrome and their families who live in Delaware. May Delaware educators become more aware of the educational potential of these special children.

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CHAPTER ONE

INTRODUCTION

A. Description of Community, Socio-Economic and Geographic Factors

Delaware is the second smallest state in the Union with a total acreage of 1.6 million, of which 1.2 million is land mass. The Delaware Department of Agriculture (1981) stated that 83% of the land is considered in agriculture with 31% in forest and 52% in crops. Delaware's 1980 census as reported by the Philadelphia regional office for the U.S. Census Bureau was 595,225 with a current public school enrollment of 92,646 (Department of Public Instruction, 1982), including 9,833 handicapped children and youth.

There are nineteen school districts (see Appendix A) in the State with six in New Castle County, six in Kent County, and seven in Sussex County. One district in each county is a vocational-technical school district.

Delaware's largest city, Wilmington, has a population of 70,195 and is located in New Castle County. Dover, which is in Kent County, is the state capital with a population of 23,512. The two lower counties, Kent and Sussex, are primarily rural and the northern county, New Castle, with twice the population, consists basically of urban and suburban areas. It is the industrial center of the State and home of the du Pont Company headquarters.

With a state the size of Delaware it was possible to obtain a state-wide sample of persons for this proposal.

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B. Writer's Role, Responsibilities and Work Setting

The Department of Public Instruction staff is an inherent element of the educational scene in Delaware because of their ability to be available to assist the districts in providing public educational programs to all children. The writer is the Early Childhood Special Education specialist for the department and is able to collaborate with all districts in providing educational/developmental services to young exceptional children. With a background in nursing and early childhood education, it is possible for the writer to coordinate the medical, developmental and educational needs of the young exceptional children of Delaware. An additional responsibility, within the Exceptional Children/Special Programs Division, is the liaisonal role with the state's special schools for the mentally retarded. As the services are coordinated for the mentally retarded in the state, the writer is able to observe the problems which occur in educational programs for this population.

Providing inservice training is another major responsibility for all department staff which provides the opportunity to train teachers, administrators and parents in a variety of related topics. Federal funding is available from the Education for the Handicapped Act, Part B, PL 94-142, for inservice training and is administered through the Exceptional Children's Division.

In February of 1982 the Delaware Comprehensive System of Personnel Development Task Force conducted a statewide needs assessment to determine inservice priorites. Mainstreaming was one of the topics indicated as a major interest area. The workshops and training sessions which have been conducted up to this time have been attended primarily by special education teachers. All educators will have to become receptive to the mainstreaming

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concept to insure that all children will be provided a free appropriate education. The writer as specialist in the Department of Public Instruction has the opportunity to implement training sessions for educators and parents.

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CHAPTER TWO

STUDY OF THE PROBLEM

A. Description of Problem Situation

Delaware has six special schools for trainable and sub-trainable mentally retarded stucents. "Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adpative behavior and manifested during the developmental period." (Grossman, 1973, p. 11.) The manual (Grossman, 1973) also indicates the four levels and intelligence quotient (I.Q.) for each as follows:

Levels	Obtained Intelligence Quotient Stanford-Binet Cattell (S.D. 16)	Wechsler (S.D. 15)
Mild (Educable)	68-52	69-55
Moderate (Trainable)	51-36	54-40
Severe (Sub-Trainable)	35-20	(Extrapolated) 39-25
Profound (Sub-Trainable)	19 and below	(Extrapolated) 24 and below

It is important to note that for a diagnosis of mental retardation, the person must have, not only a subaverage intelligence, but also a deficit in acaptive behavior which is defined as: "the effectiveness or degree with which the individual meets the standards of personal independence and social responsibility expected of his age and cultural groups." (Grossman, 1973, p. 11.)

4

"You will not send my child to the trainable school just because he is a Down's syndrome children." This was a mother's statement to the principal of a trainable school who had just told her to stop fighting the system. "Your child belongs here since he is a Down's." This dialogue actually occurred in the summer of 1982 at a Delaware trainable school where the parent was attending a meeting. The principal's attitude certainly does not support the opportunity for an appropriate educational placement for Down's syndrome children.

What is a Down's syndrome child? At one time, these children were called mongoloids because of the Oriental slant to their eyes. Down's syndrome was named for Dr. Langdon Down, a British physician, who first listed the characteristics associated with the genetic imbalance which results in the birth of a Down's syndrome child. These children have 47 genes instead of the normal 46. This additional genetic material produces the following most common characteristics (Hanson, 1977):

poor muscle tone
slanting eyes (epicanthial folds)
white spots in iris of eyes (Brushfield spots)
tranverse palmar crease
flat bridge of nose
short neck
small mouth (protruding tongue)
small head
skin tendency toward dryness and chapping
heart disorders in about 40%
proneness to respiratory infections
varied degrees of mental retardation

There are about 50 different characteristics but all don't occur in every Down's syndrome child.

The degree of mental retardation may vary in a Down's syndrome child from the educable level to the profound level. Educators, such as principals, special education supervisors and teachers, have accepted Down's syndrome children as a class of retarded persons and do not consider the child's individual potential when placing them in educational programs.

Suppose a Down's syndrome child did not have the six facial anomalies which cause them to look different? How would people react toward them? How would they react differently toward themselves (self-respect) and toward society (pro-social behavior)? Plastic surgery has been completed on at least 500 Down's syndrome children and adults to correct the (1) mongoloid fold (epicanthus), (2) oblique lid axis, (3) saddle nose, (4) conspicuous macroglossia (enlarged tongue), (5) hypotonia of the lower lip (cheilosis) and (6) receding chin (microgenia). This surgery was started in Israel followed by Germany, Canada and is now being done in Florida in the United States. Several articles (Monro, 1983; MacGregor, 1982; Hohler, 1977; Lemperle and Radu, 1978; and Albrisch, 1982) were obtained by the writer describing the surgery which included pre and post pictures. Each author indicated that there was improvement in speech with the reduction in tongue size, less respiratory infections since nasal instead of mouth breathing occurred, improved social acceptance by parents, peers and society in general and improved self-concept by the child.

The major purpose of the corrective surgery for Down's syndrome persons is to reduce the facial stigmata and provide an opportunity for the person to be accepted on his/her merits rather than on the diagnosis of Down's syndrome.

Delaware has approximately 8,500 to 9,000 live births per year according to the Division of Public Health's vital statistic office. Almost all resources concerning Down's syndrome infants indicate that 1 in 600 live births result in a Down's syndrome child (Harrobin, 1975). The incidence is reduced as the mother's age increases until at age 45 it becomes 1 in 35 to 50 live births. It is therefore possible for at least 14 Down's syndrome infants to be born in Delaware each year.

Some public and private agencies in Delaware provide developmental/educational programs for handicapped children from birth to twenty-one years of age. It is imperative that persons working with all handicapped children accept them as individuals and not as an entity based on diagnosis.

Since the implementation of PL 94-142, which provides for the education of all handicapped children in public schools, about five Down's children have obtained admission to an educable or learning disabilities program, but not without tremendous parent pressure.

The use of photographs as a means of determining degree of retardation supports the premise that people may use cognitive or affective responses in their attitude toward the mentally retarded (English & Palla, 1971). Their subjects, who were all female clerical workers at Syracuse University, rated the severely mentally retarded with negative comments whereas, the mildly mentally retarded child was rated more positively. These women responded to the phenotype and to the fact that he wasn't the "All American Boy." English and Palla feel there are four things that need

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to be considered to bring about change: (1) less cultural emphasis on physique, (2) more emphasis on the assets of the mentally retarded rather than their limitations, (3) more exposure of normal to the abnormal and, (4) more awareness of the stress that the mentally retarded are under in new situations. All of the above emphasize concern and consideration for the retarded as an individual.

The problem, therefore, was the prevalent attitude and lack of knowledge about Down's syndrome of some parents and educators towards Down's syndrome children and the level of educational programming which those parents and educators (because of attitude and lack of knowledge) felt was appropriate for Down's children.

B. History of Education for Down's Syndrome Children in Delaware

In 1957, programs for the trainable mentally retarded (TMR) and the severe/profoundly mentally retarded (SMR) were legislated and funded in Delaware (Delaware Code Annotated, 1981). The TMR were placed under the jurisdiction of the Department of Public Instruction whereas the SMR were provided day care services through the Department of Health and Social Services. There were Down's syndrome children in both programs depending on their functioning level. At that time no Down's were given the opportunity to attend any other special education program in the state.

From 1957 until 1975, Delaware built six schools for the TMR children ages four to 21 years. In 1975, legislation was enacted to transfer the SMR from the Department of Health and Social Services to their local trainable school (this was prior to PL 94-142). This resulted in all Down's syndrome children attending the special schools for the mentally retarded.

In discussing educational/developmental plans with families of Down's syndrome infants the author begins to get the feeling that these young parents are going to request more educational opportunities for their children. It will be interesting to observe the reaction of the education community to the pressures applied from without as it meets its responsibility to educate Down's syndrome children.

C. Analysis of the Cause

During the 30's, 40's and 50's, parents of Down's syndrome infants were encouraged by their physicians to place their newborns in institutions and not to take them home. The institutions for the mentally retarded had a large population of their residents diagnosed as Down's syndrome for this reason.

In the late 50's and early 60's, some families began to keep their Down's infants at home as educational/developmental programs were developed to provide them with a daily program. There were few academic activities included as the emphasis was placed on self-help and daily living skills.

The federal government funded early childhood education programs in the middle 60's primarily aimed at the culturally deprived but which quickly included the handicapped. With the development of early stimulation programs, the parents of Down's infants elected to keep their children at home. The children were still considered trainable retarded or below and not able to learn very much academically and were placed in trainable or sub-trainable programs.

At one time in the history of mental retardation when Down's syndrome children were known as mongoloids, the name idiots followed it resulting

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in the term "mongolian idiots." Idiots were considered as having the lowest level of intelligence. It is very difficult to lose the impact of such a term on people's attitude toward persons associated with the anomaly.

After the passage of PL 94-142, the Education for the Handicapped Act, in 1975 and its slow but steady implementation, deinstitutionalization began and many of the Down's syndrome from the institutions were placed in foster homes, group homes or smaller group settings. These children or adults became participants in the public schools and sheltered workshops which served special education students. This process resulted in the realization that Down's syndrome persons could learn marketable skills and become working members of the community within certain limitations. All of them would require some supervision because of their lack of reasoning and problem-solving abilities.

The present generation of educators, who are the decision makers, are frequently too close to the institutionalized Down's syndrome population to realize the potential academic-vocational ability which they possess. There has been some improvement in the attitude of the more progressive educators toward mainstreaming. There are those who advocate the Adaptive Learning Environments Model (ALEM), which has been developed and improved by the Learning Research and Development Center at the University of Pittsburgh. This program evolves around a continuous individualized program where each child acquires and utilizes basic academic skills. The core program consists of a teacher with 15 students who range from mentally retarded to gifted/talented. Peer teaching is an integral component of the program. The Learning Research and Development Center advocates intensive inservice training and the use of their "Cadillac" curriculum, although they will develop the program around any district's

curriculum. The ALEM has been successfully implemented in 194 schools in 28 states during the 1982-83 school year.

The physicians have also been slow to make recommendations to parents regarding the education of the Down's. They are still telling parents to love the child but don't expect much educational/developmental progress to be made. Parents rely heavily on their physician's advice when they are confronted with an "abnormal" baby who can be diagnosed immediately but for whom there is no "cure" (Trainer, 1980; Bennett, 1981).

Physicians are not taught a great deal about children who are not acutely ill and consequently feel uncomfortable treating such a baby. It is very difficult to find a pediatrician who will spend time with the parents of a Down's syndrome infant to help them understand the child's handicap, its implications and its effect on the family as well as future plans for the child.

A study done by Olshansky and Sternfeld (1962) indicated that few of the 30 pediatricians, whom they questioned, had developed knowledge about retarded children to pass on to parents. The majority of these pediatricians had been in practice 20 or more years with six between 10 and 19 years and eleven between 1 and 19 years. Even when they did a follow-up study with pediatricians still in training it was found that the pediatricians did recommend home care over institutionalization but still did not have the knowledge and information about mental retardation needed by parents.

Marilyn Trainer (1980) reports the same information being given to young parents of a Down's infant; "Don't take that baby home!" Abramson et al (1977) did a study with 458 families in Connecticut to determine how parents had received information and services for their handicapped child. The parents were satisfied with the medical services received but the services related to the child's handicap were unsatisfactory

unless the families had established contact with an early intervention center. The information received from the physicians about the handicapping condition was considered very inadequate.

"Delaware Parents of Down's" is a parent organization which was formed by Down's parents for the main purpose of providing support to other parents. It has been very effective even with the resistance it has received from physicians. The physicians are reluctant to refer parents to other parents. Word of mouth seems to be the most effective method of dissemination of information regarding programs which will help families with a Down's syndrome newborn.

Without sufficient knowledge about the Down's child's potential, parents have to accept the recommendations of the educators regarding educational placement. This has resulted in Down's children being placed, in many cases, according to diagnosis rather than ability.

The 1979 Gallup Poll (Elane, 1983) indicated that only 13% of the population approved mainstreaming of mentally retarded children. With the Down's syndrome children representing 10% of the mentally retarded population, their educational placement is affected by such a reaction from the general population.

D. Relationship of the Problem to the Literature

There are several excellent programs for Down's syndrome children throughout the United States. The two which are outstanding are Alice Hayden's in Seattle, Washington at the University of Washington and the Down's Syndrome Infant-Parent Program at the University of Oregon in Eugene, Oregon. An excellent book for parents, Teaching Your Down's Syndrome Infant: A Guide for Parents, by Marci J. Hanson (1977) was developed at the latter program. These programs support the ability of the Down's syndrome child to learn but at a slower rate than his normal

peers. They do not provide opportunities for the Down's children to interact with non-handicapped children.

The U.S. Constitution provides protection for all handicapped persons with each state legislating specific laws as to age served, populations served, and definitions of handicapping conditions. PL 94-142 and Section 504 of the Rehabilitation Act of 1973 provide a free appropriate public education and prohibit discrimination of any form for all handicapped persons.

The following paragraph from the National Association of State Directors of Special Education (NASDSE) Liaison Bulletin of April 13, 1983, outlines the rights of the handicapped children of America. The last sentence indicates specific support for this author's viewpoint and the reason for this project.

> "the right to a free appropriate education; the right to an individualized education program; the right to be educated in the least restrictive environment; the right to a fair evaluation; the right to related services such as nonmedical health services, mental health services and private school placements; the right to an extended school year when needed; the right to participate in sports programs; and the right not to be disciplined for behavior resulting from their handicap. Christiane H. Citron, Senior Attorney at the Law and Education Center and author of the report, found that "the most basic principle to emerge from special education law is the right to individualized determinations based on actual abilities and needs."

The Cornell-based "Family Matters Project" under the direction of Moncrieff Cochran (1983) approaches parenting with a positive rather than negative outlook. He relates it to a glass half filled with water. Most people look at that as a glass which is half empty rather than half full. This is the deficit approach which looks at what is missing rather than what is present. Build on the positive attributes.

Handicapped children have been considered half-empty and their positive half-full side has been overlooked. The Down's syndrome population have certainly been so treated for many years.

What does the literature report regarding the efficacy of mainstreaming young handicapped children? Snyder and associates (1977) reviewed some of the literature which indicated that integrated programs do not always produce positive benefits. The conclusions supported the premises that there was a need for an optimal set of environmental conditions which would promote the nonretarded to interact with the retarded; there were educational procedures which promoted the nonretarded as behavior models and reinforcing agents for the retarded. Variables which would have to be controlled include: retarded/nonretarded ratio, ages, language skills, as well as other competencies of both populations, teacher's performance level, and the environment, including materials and activities. It is also necessary to be aware of the attitudinal and affective developmental needs of the nonretarded as well as the retarded when planning integrated programs for young children. Early integration should develop an attitude of acceptance and understanding for those who are different by the nonretarded and an environment for the retarded that will maximally facilitate their behavioral development.

Gerard Giordano (1983) reports on his feelings about having his nonhandicapped daughter in a preschool program for handicapped children. Kara has developed helping skills, concern for others and acts as a model for the handicapped. Reversed mainstreaming is becomming an option for programs serving the handicapped as a means to provide normal peer modeling.

William Stainback and associates (1980, p. 4) also support three basic approaches to mainstreaming handicapped children in an effort to improve socialization. They relate very closely to those of Snyder and her

associates as well as clarifying their importance. They are: "(a) the systematic design and arrangement of classroom organization, structure and materials; (b) the implementation of programs to train severely retarded students in socialization skills; (c) the incorporation of instructional programs designed to train and motivate non-handicapped students to interact with the severely retarded students." You need to develop specific techniques to promote social interaction since it does not seem to occur spontaneously between handicapped and non-handicapped preschoolers. Other research noted by the above authors corroborate these findings.

Parents of Down's syndrome children are beginning to make an impact on the programs which are available for preschool handicapped children. Exceptional Parent magazine has had several articles by parents of Down's which discuss programming for young Down's. One article included comments from the parent, the teacher, the principal and the aide. Elias et al (1983) provides each person the opportunity to discuss the child from his/her perspective. The major elements which surface from each is the positive relationship they have with the child and their acceptance of the concept of mainstreaming. The principal really summarized the basic concepts of a successful integrated program when he listed the following related factors:

> ". the aide is excellent;
> . suitable educational materials were found;
> . the teacher is interested in Jason and is a master teacher;
> . Jason was able to participate in regular class activities for half the regular school day;
> . space was found for quiet one-to-one instruction;
> . the other children accepted Jason;
> . Jason is well behaved and happy;
> . the parents were available when needed." (Elias et al, 1983, p. 58)

These statements all support and clarify the information from each of the other persons involved with Jason's educational program.

It would really be tremendous if all Down's syndrome children could be given the opportunity for this type of educational program with the same caring staff in the preschool years.

No one expects Down's children to function on a "normal" level but it is important to provide them with as many opportunities for learning as possible. Many of them will be able to function in society if provided some supervision and direction after receiving opportunities to interact appropriately with his/her normal peers.

Janet Bennett (1981, p. 26) writes a very forceful straight forward account of the many frustrating situations her family had to face after the birth of her Down's daughter. She was persistent in her efforts and obtained opportunities for her daughter to be in appropriate programs. She removed her from school at the age of 16 and continued teaching her at home. Mrs. Bennett often speaks at colleges and high schools about Down's syndrome. At one of these talks, after the students had seen and talked with Kathryn, a student made the comment, "We're supposed to have a paper for this course by Wednesday and I have done mine on mongolism. But it's just no use now." When asked "why" she said, "Because none of my research has anything at all to do with the child I've just seen."

It is going to take education as well as exposure to the Down's to change the attitudes of persons planning programs for this population.

The literature reports studies which have evaluated individual differences among Down's syndrome preschoolers. One study done by LaVeck and Brehm (1980) compared 6 Down's who had shared the same school program for 3 or 4 years. The children were given psychological tests on which there were no similarities or uniformity in level of mental retardation, stability of I.Q., reading achievement, relationship of mental to motor development and relationship of verbal to performance I.Q. Similarities

appeared in two of the subtests on the WPPSI (Wechsler Preschool and Primary Scale of Intelligence) which were vocabulary and comprehension. All of the children were high on vocabulary or some form of communication and all low on comprehension of such items as "what is the thing to do when you cut your finger?" It was also discovered that different children were interested in different tasks which supports the individuality concept over the homogeniety one. They conclude (LaVeck and Brehm, 1980, p. 65) that "educational experiences alone are insufficient to account for the observed differences in mental functioning between children."

When observing a group of Down's children with their families it is very easy to identify genetic familial characteristics among family members (personal observation). Genetics also influences the Down's syndrome child's abilities and characteristics (Connally, B. and associates, 1980).

Betty Bright of "Project KIK" (1982), Kentucky Individualized Kindergarten, has developed a team of special education and regular education teachers who work together to integrate preschoolers with handicaps into the kindergarten classes. This is the kind of attitude which needs to be generated throughout the country.

In a study which investigated the degree of individualization of instruction based on educational placement (Bullock & Rigg, 1980) in 212 school districts throughout the U.S.A. it was determined that: there were no significant differences in the manner of labeling exceptional children; placing children in the least restrictive environment is not an indicator of good individualized instruction; most exceptional children are placed toward the end of the spectrum (self-contained classroom); instruction was not individualized as well as it should be in over 1/2 of the districts surveyed. This study generated two concerns: (1) What can be done to

assist regular teachers to accept and formulate individualized instruction for the exceptional child within the context of the regular classroom? (2) What revisions must be made by institutions of higher learning to better prepare elementary and secondary teachers for the additional responsibility of having exceptional children in their classrooms? The latter question and its concomitant answer has a major influence on regular teachers response to and support for integrating handicapped children into the mainstream.

Professionals need to listen to parents about the ability of their children (Higgins & associates, 1979). Their findings indicated a high correlation between parents' estimate and the child's actual functioning level. The parents tended to over estimate self-help and social skills but then the tests used to evaluate the child had few samples of these skills.

Even though mainstreaming may be appropriate for Down's and other young handicapped children, early intervention programs starting at birth are necessary to provide the child with the skills he will need in the mainstreamed situation. Moore and associates (1979) reported on several studies (Hunt, Bloom et al, Cicirelli, Wickart, Bronfeubrenner, Kagan, and Hayden & Horing) which support the importance of early intervention programs for handicapped children, especially the Down's.

A study to evaluate the attention span of young Down's (Krakow & Kopp, 1982) supports the premise that Down's syndrome children do not have a "short attention span" but that they relate to things in their environment more than to people. They did not shift activities as frequently and tended to be stereotypic and repetitive in their play. Their play indicated that they did not exploit the potential of their environment. The lack of qualitative play, not the lack of sustained attention, produces

the difficulties in learning and inhibits development in the Down's syndrome population.

Robert Harth (1973) reviewed the literature on attitudes and mental retardation. Much of it is relevant for this review.

> Asgood, Suice & Tannebaum (Harth, 1973, p. 150) - "Attitudes act as a predisposition toward behavior. They represent how one feels toward a particular construct." It is not always known whether a person will act according to his verbal statement of his feelings.
>
> Kingsley (1967) studied the attitudes of prospective teachers toward exceptional children and found that the teachers preferred to teach the gifted rather than the mentally retarded. They felt that the mentally retarded should be institutionalized.
>
> Bergen and Smith (1966) found that prospective teachers regarded mentally retarded children of nigh socio-economic status families more favorably than those from lower.
>
> Harth (1971) compared regular and special education students' attitude toward mental retardation. The special education students had more favorable attitudes than the regular.
>
> Fine (1967) found that special education teachers place more emphasis on personal and social adjustment than do regular teachers. They also make lesser demands on lower functioning students. Are special education teachers underestimating the ability of their students? This concern was also supported by Dunn (1968).
>
> Rosenthal & Jacobsen (1968) reported that the attitudes of the professional and how they treat the children has a bearing on how they perform.
>
> Warner & Turner (1966) found that the professionals did not like working with severely retarded and that they had had very little training about how to work with them. Lack of knowledge rather than actual distaste for the mentally retarded may be the problem.
>
> Babow and Johnson (1969) completed a study working with staffs of institutions and they found that, even if the administrators wanted change, it would not occur unless those working with the residents wanted it.

Polansky (Harth, 1973, p. 154) noted that "in studying attitudes, it is necessary to study the interaction of beliefs and attitudes with specific situational variables." Polansky was also concerned with the internal and external pressures which affect change.

Eyman, Dingman & Sabagh (1966) indicated that parents' attitudes, education and socio-economic status seemed more important in speeding up institutionalization than did the severity of the handicap. Parents also felt that their children were better than other trainable or severely handicapped children.

Adams (1966) completed a study of adolescents' attitude toward a retarded sibling. Generally, the adolescents did not seem to be adversely affected by the retarded sibling. The family religion was a relevant variable to the overall family interaction. Catholic families did not have as poor interpersonal relationships as did Protestant families.

Zuk and associates (1961) reported on maternal acceptance of retardation and its interaction with the family religion. Catholic families seemed to have less guilt feelings and more acceptance of the child since their religion supports the theory that suffering is part of life. Protestants tended to be guilty and think of the "sin of the father---visited on the children." Christian scientists denied the diagnosis and sought for healing. Religion of the family certainly seems to have an influence on the acceptance of a retarded child by all family members.

Meyerowitz (1962) studied the retarded individuals to determine self-concept. The more restrictive the environment the lower the self-concept. It would be interesting to analyze Fine's study with teachers and Meyerowitz study with the students to determine how the teacher's attitude affects the child's self-concept as well as performance.

Meyer (1967) in his study with only special class students discovered that they did not respond to social cues from peers. He did find a correlation between self-concept and socio-economic status.

Knight (1968), on the other hand, felt that her retarded subjects tended to have realistic self-concepts. Her study supported the concept that the measurement instrument is important and could have had a negative influence on the results of previous studies.

> McAfee and Cleland (1965) found that retarded males related to their peers as ideal self-models and their study supports Knight's premise that the instruments, which have been used may not be reliable.

Harth (1973) also discusses attitude change as it relates to the mentally retarded. He felt that the literature on attitudes toward this population could be placed in three categories: social contact, informational procedures, and other procedures.

The social contact notion would support the premise that the more contact a person has with the retarded the greater the probability of positive attitudes resulting.

Stauch (1970) reports on a study of normal adolescents and their attitudes toward educable mentally retarded with whom they had contacts in school. A comparison was made with a group who had not had contact with the retarded. Results indicated that social contact was not sufficient to produce more positive attitudes. Stauch feels that it would probably require cooperative type activities where both groups work together on a particular project to achieve any specific attitude change.

Chennault (1967) decided to try to follow Stauch's suggestion. He did not use retarded per se but unpopular students (Negro, I.Q. 50-79, C.A. 10-16). He used pre and post sociometrics which showed significant improvement in peer acceptance after organized cooperative group activities.

Social contact alone does not seem to be sufficient to produce attitude change. Jaffe (1967) felt that from the study that he did similar to Stauch's, without organized activities, that attitudes may be multidimensional. Even when students showed cognitive acceptance there was no affective change in their attitudes toward the retarded. This concept indicates that there may be a need for various intervention strategies to produce change in the different dimensions of attitude.

Cleland and Cochran (1961) and Kimbrell and Luckey (1964) used visits to institutions to effect attitude change toward the mentally retarded. The former used this technique with high school seniors and found no significant change. The latter, using the same instrument for pre and post test, found positive attitude change in a sample of adults. The authors were unable to provide a reason for the difference unless it was age.

The informational procedure is that of providing persons with information about the mentally retarded with the hope of changing their attitudes toward them. Quay and associates (1961) did a study using three methods of introducing information to a group of attendants at an institution for the mentally retarded. Lecture, discussion and booklets were used with the attendants. It was discovered that the lecture was most effective in producing attitude change with booklet as second. It was felt that the lecture was most effective because of its authoriatarian aspect.

Begab (1969) compared social contact and information as they relate to attitude change with the results supporting social contact over information. The more direct the contact with the retarded the greater the attitude change toward the positive.

Other procedures may include whatever anyone wishes to try. A couple of novel ones have been implemented using handicapped children. Mandel (1968) used socially disadvanted children to change the attitude of parents and teachers. The children were rewarded for a job well done by the teacher and brought home fruit, a toy and a note each day for 5 weeks. A pre and post test using the Head Start Behavior Inventory were completed. Mothers' behavior ratings showed no differences between rewarded and non-rewarded children.

Counseling of educable retarded boys (Mann, 1968) has also been used to change self-attitude. This technique proved successful for improving self-attitudes as well as reducing anxiety in the boys.

An interesting study was conducted at North Dakota State University in the Home Economics Department with preservice teachers. The students were given a pre and post test with a semester of teaching learners with special needs in between the tests, Lundstrom (1979). The results indicated: (1) the subjects perceived themselves to be more competent; (2) there seemed to be a relationship between cognitive knowledge, the development of appropriate teaching skills and more positive attitudes toward special needs students; (3) subjects would rather teach physically handicapped and deaf than children in a school where Indian children were in attendance; (4) there was a relationship between desire to teach and attitude for some but not all categories of special needs learners; (5) subjects' scores on the scale of tolerance did not increase significantly; (6) positive attitudes towards special needs learners increased significantly in some but not all cases. This study implies that teacher attitudes can be changed if specific courses with activities that are effective are used. It is important to note that attitude change was measured but not behavior change. The issue of cognitive versus affective responses continues to be a major importance in the study of attitude change toward the mentally retarded.

Experiments have been completed recently with young children to attempt to change their attitudes toward handicapped children. Jones and associates (1981) conducted a program with young children using films, simulations, interviews and discussions. The discussions included handicapped people with whom the children interacted. They also wrote about their experiences

as well as discussing them in a group. The results indicated that these methods of communication can be used to effect attitude change in young children.

Anne Sanford (1982) has developed a program called "New Friends." This is a set of life size dolls who all have some kind of handicapping condition. Simulation activities, role playing, educational units and visits by handicapped persons may be used to supplement the impact of the dolls.

"A person becomes deviant when society defines him as such and not necessarily due to any behavior of his own." (Eiseman, 1972, p. 203) We must break down the wall of the institutions around us and "make good the promise of mainstreaming." (Roth, 1980, p. 11)

According to Robert Harth (1980) there seems to be no theoretical base for the attitude change research which has been completed in the field of mental retardation.

The following poem could become a motto for those persons working with children with Down's syndrome as well as for all children.

CHILDREN LEARN WHAT THEY LIVE

Dorothy Law Nolte

If a child lives with criticism,
he learns to condemn.
If a child lives with hostility,
he learns to fight.
If a child lives with fear,
he learns to be apprehensive.
If a child lives with pity,
he learns to feel sorry for himself.
If a child lives with ridicule,
he learns to be shy.
If a child lives with jealousy,
he learns what envy is.
If a child lives with shame,
he learns to feel guilty.
If a child lives with encouragement,
he learns to be confident.
If a child lives with tolerance,
he learns to be patient.
If a child lives with praise,
he learns to be appreciative.
If a child lives with acceptance,
he learns to love.
If a child lives with approval,
he learns to like himself.
If a child lives with recognition,
he learns that it is good to have a goal.
If a child lives with sharing,
he learns about generosity
If a child lives with honesty and fairness,
he learns what truth and justice are.
If a child lives with security,
he learns to have faith in himself and in those about him.
If a child lives with friendliness,
he learns that the world is a nice place in which to live.
If you live with serenity,
your child will live with peace of mind.

With what is your child living?

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CHAPTER THREE

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

A. Statement of Goals

Goal, according to Webster's Seventh New Collegiate Dictionary (1969, p. 358), "is the end toward which effort is directed." With that definition in mind the practicum author projected the following two goals, with objectives, to assist in reaching the end desired.

Goal 1: To obtain information about the attitude of parents and educators toward the educational placement of children with Down's syndrome in the continuum of services (Appendix F).

Objective 1: To disseminate approximately 900 survey forms (800 educators and 100 parents) to obtain parents and educators attitude toward the education of children with Down's syndrome.

Objective 2: To determine from the data from the surveys the attitudes which will require change.

Goal 2: To modify the attitudes and improve the knowledge of parents and educators toward the educational placement of children with Down's syndrome.

Objective 1: To conduct a workshop in New Castle County and Kent/Sussex Counties for parents and educators which will modify their attitudes and improve their knowledge regarding the educational placement of children with Down's syndrome.

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Objective 2: To conduct a post survey of those persons attending the workshop to determine if attitude change actually occurred.

Activities for the implementation of the objectives are covered in Chapter Four as part of the Calendar Plan.

B. Behavior Expected, Assessment Instruments and Standards of Performance

"If houses suitable for children do not exist, then let us build them." This quote from Marie Montessori (Orem, ed., 1974, p. 19) could easily have "programs" inserted for "houses" and be relevant to the future educational programs for children with Down's syndrome.

Expected Behaviors	Assessment Instruments	Standards of Performance
Parents and educators will have a change in attitude toward the education of Down's syndrome children after attending the workshops.	Pre and post survey (see Appendix C & I).	Responses on the post survey will show a 15% overall mean increase after each of the workshops.
	Workshop evaluation form question 9 (see Appendix E).	At least 51% of participants will agree or strongly agree with this question after each of the workshops.
Parents and educators will become more knowledgeable about the educational potential of Down's syndrome children after attending the workshops.	Pre and post survey (see Appendix C & I).	Responses on the post survey will show a 15% overall mean increase after each of the workshops.
	Workshop evaluation form question 8 (see Appendix E).	At least 51% of participants will agree or strongly agree with this question after each of the workshops.

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As a result of the change in attitude and increased knowledge acquired, parents and educators will provide the appropriate programs necessary to meet the individual educational needs of children with Down's syndrome.

C. Description of Instruments

The survey instruments to be utilized were primarily developed by the author with a subsection of two relevant questionnaires which had been used to evaluate attitudes toward the handicapped (Lundstrom, 1979; Phillips et al, 1980). Some specific questions were developed for parents as well as educators so, in essence, there were two surveys (see Appendix C). There were no open-ended questions on the survey.

A pilot study of the surveys was completed prior to the general dispersal to the parents and educators who comprised the final sample. The pilot sample consisted of 5 parents and 5 educators who completed the surveys and made appropriate comments for change which were then incorporated into the final survey form.

The final survey (Appendix C) consisted of two introductory sections, one for parents and one for educators. The main body of the survey was comprised of 17 questions which were answered yes, no or appropriate column was checked. Question 18 (Phillips, et al, 1980) was a point scale of 16 items with parents and educators both responding. Question 19 (Lundstrom, 1979), for educators only, was a point scale of 12 items.

The final draft was approved by the Nova University staff and the State Superintendent of Public Instruction. The latter had to approve it since it was sent to public school staffs throughout Delaware.

D. Description of Plans for Analyzing Results

The Delaware Department of Public Instruction's Division of Planning, Research and Evaluation and Exceptional Children/Special Programs Division's computer systems were used to analyze the data obtained from the surveys.

The summative evaluation of the workshops included individual evaluation forms (see Appendix E) completed by each participant. The results were evaluated by the writer since the sample was so small. Comparisons were made between the participants attending the two workshops.

The surveys were analyzed using factor analysis to determine the major dimensions being measured. The non-independent variables will be related to the independent in narrative format. Appropriate charts and tables will clarify the data from the surveys and workshop evaluation forms.

Pre and post survey data were compared using tables, charts and narrative comments as appropriate.

All comments from surveys and evaluation forms, if appropriate, are included in Chapter Five.

CHAPTER FOUR

SOLUTION STRATEGY

A. Discussion of Possible Solutions

Any solutions which would change the attitude and increase the knowledge of parents and educators toward the educational placement for children with Down's syndrome involves the education of adults. In a brainstorming effort of students at the University of Delaware on the topic of educating adults, there were 120 different methods suggested (personal contact with a student), (see Appendix D).

When trying to determine attitudes toward a particular idea or topic, the solution could take the form of:

1) interviews with sample subjects
2) questionnaires/surveys sent to sample
3) telephone poll of sample
4) have popular magazine do a poll.

After the attitudes of the sample have been determined, solutions must be considered which would be appropriate to produce a change in their attitudes. To change attitudes it is necessary to re-educate, use persuasion, use facilitative strategies or use power (Kaluzny, 1981). These strategies could be accomplished through any combination of the following:

1) lecture - which is considered authoritarian,
2) panel discussions with so called experts,
3) visits to observe target population in action,
4) films and filmstrips about problem situation,

5) literature distribution about problem situation,

6) workshop which would include role playing,

7) direct interaction with target population,

8) general discussions about problem, and

9) mailings - information about problem.

The limitations of the above solutions consist of:

1) people not indicating true feelings on survey, questionnaire or poll;

2) those persons with the most negative attitudes not attending workshop lectures, etc., unless they were compulsory;

3) difficulty in planning workshops which are convenient for large groups of people;

4) some people not enjoying role playing;

5) cost of films may be prohibitive;

6) telephone surveys being time-consuming.

According to Zigarami and associates (1977) teachers seem to like long summer workshops focusing on specific topics of interest to all; assistance from other teachers in their own classroom; workshops on campus of college or university; observation of other teachers, and workshops conducted by teacher organizations. Short inservice programs conducted by an outside consultant were low on the list of useful inservice programs. Observation and assistance from peers seem to be considered appropriate learning situations for adults (Zigarami and associates, 1977).

B. Description of and Justification for Solution Selected

The solution, which was utilized to correct the problem of the present attitudes and lack of knowledge about the education of children with Down's syndrome of some parents and educators, consisted of the use of a survey

to determine pre and post attitudes and workshops to effect change of attitude.

This solution was selected because it was possible for the practicum author to utilize the facilities of the Department of Public Instruction and the State of Delaware to disseminate the surveys and to conduct the workshops.

Written surveys probably provide more true attitudinal information than would a face to face interview or telephone poll, therefore, the surveys were sent to the sample for them to complete without outside influence. The workshops contained a variety of activities which stimulated learning and information exchange (see Appendix G & H).

The survey was sent to all parents of children with Down's syndrome who attend the M.R. special schools. There was a population of 630 students in the Special Schools (M.R., September Enrollment, 1982) with the Down's representing about 10%. This indicated approximately 60 children with Down's in the school population. The actual number of Down's in the schools was 80. The additional 20 (see Chapter Two, p. 7) in the 0-3 population brought the parent sample up to 100. Each family received only one survey form.

There are 4,354 regular education teachers, 1,009 special education teachers and 375 principals, assistant principals and specialists in the public school system (Department of Public Instruction, 1982). There are 162 public schools in Delaware of which 11 are special schools for the handicapped. The sample of educators consisted of 190 principals, 145 regular education teachers, 241 special education teachers, 23 supervisors and 65 specialists with a total sample of 764 which were picked at random from the master list of personnel compiled by the

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Division of Planning, Research and Evaluation of the Department of Public Instruction.

A great deal of research has been done in the areas of pre-service and inservice for teachers. Gallegos (1979) indicates the need for inservice education to be based on the emergent and distinct needs which exist within a specific learning environment. This concept is certainly relevant to the need to develop appropriate inservice programs to change the attitudes of those educators serving children with Down's syndrome.

Inservice programs were utilized to change the attitudes of adults, parents and educators, who are responsible for the educational placement of children with Down's syndrome. Working with adults in inservice programs requires the ability to be able to:

> "motivate the adult learner; rely on learner as a resource; handle adults who resist change; relate research to practice; and plan collaboratively." (Dillon per Kersh, 1979, p. 45)

According to Kirsh (1979) Dillon also outlined some specific learning principles for adults:

1) adults have a greater need to be self-directed;
2) learning is more successful when it is in a comfortable setting and is not feared;
3) learning is more successful when it is problem centered.

The need for the workshops was established through the results of the surveys. One of the major difficulties in relationship to non-mandated inservice is attendance. The parents of the young Down's attended since they are anxious to obtain the "best" educational program for their children. The enthusiasm of the instructor was not necessarily shared by the audience (Dillon, 1979).

One way to improve the attendance is to conduct the workshop as close to the classroom as possible. This seems to improve attitudes toward inservice programs (Dillon, 1979). The workshops were conducted in schools, one middle school and one special school in an attempt to meet this concern of educators.

Dillon's (1979) four concerns regarding inservice programs were considered at the time that the workshop contents were finalized.

1. It is important to determine the focus and content of the program based on need. Keep in mind the results expected.
2. Who is the audience? Are there some who could help present the program?
3. Selection of delivery modes needs to be analyzed closely to meet needs of audience.
4. Consider the future, collect data to determine effectiveness and need for further sessions.

Special education teachers readily attend workshops and inservice programs. It was more difficult to get regular education teachers to attend. Preservice programs are beginning to provide some courses for regular educators in diagnosis, remediation, and behavior management to assist them in meeting the challenge of handicapped children in the regular classroom. The lack of knowledge about the handicapped by the regular staff was considered at the time of the workshop presentations. All workshop staff were alerted to this concern.

The inservice training consisted of a variety of activities such as: (see Appendix G and Appendix H)

1) presentation on specific information about children with Down's syndrome;

2) interaction with children with Down's syndrome;

3) presentation on strategies for change;

4) presentation on Down's in the classroom;

5) utilization of parents, educators and Down's as consultants.

It was important to keep in mind that training has as its aim the preparation of the trainee to respond in a set and predetermined way. Education, on the other hand, stimulates divergent thinking and helps the person become creative and effective in responding to situations which may arise (Miller, 1977). Training and education were coordinated in the workshops to assist parents and educators gain knowledge about Down's syndrome children and become aware of the variety of educational placements available to them.

Larrivee and Cook (1979) consider that attitude is more important than administrative or curricula factors in determining the success or failure of mainstreaming. Therefore, it was imperative that effective workshops be conducted so that the improved attitude of parents and educators could influence the educational placement of children with Down's syndrome so, that in the future, they will be placed according to ability rather than diagnosis.

C. Calendar Plan for Implementation

1. Survey developed, piloted and revised	August and September, 1983
2. Tentative workshop format developed after initial contacts with consultants	August and September, 1983
3. Proposal sent to Nova University and State Superintendent of Public Instruction	October 10, 1983
4. Proposal accepted	October 23, 1983
5. Survey forms mailed	November 1, 1983

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6.	Reminder letter sent	December 15, 1983
7.	Workshop information placed in DPI brochure	January 1, 1984
8.	Workshop format finalized	February, 1984
9.	Consultants for workshop obtained	February, 1984
10.	Additional notices for workshop sent out	April, 1984
11.	New Castle County workshop conducted	May, 1984
12.	Kent/Sussex Counties workshop conducted	May, 1984
13.	Post survey conducted	May, 1984
14.	Data analyzed	June, 1984
15.	Final report written	June, 1984
16.	Final report submitted to Nova University	August, 1984

D. Report of Action Taken

The calendar, as included in the practicum proposal and in this chapter, Section C, was closely followed by the writer during implementation except for the dates of the workshops. They had to be moved to May since the survey data was not available prior to that date and the consultant was unable to participate on the original dates.

To assure that the survey would reach a large sample, permission was obtained from the state superintendent of public instruction, who had reviewed the proposal, to send the surveys through the state mail. The cover letter indicated the superintendent's permission to conduct the survey. This kind of support certainly provided additional clout to the practicum. It also permitted the writer to use a much larger sample than if all surveys had to be sent by mail.

There were 20 surveys sent to parents of children with Down's syndrome who were not of school age. The "Delaware Parents of Down's," a parent

support group, were very cooperative in providing an active membership list so that this population could be contacted.

The survey form itself had minor changes made after the pilot, which was conducted with 5 parents and 5 educators. The format was also evaluated by the computer "expert," who assisted with the computerization of the data, to assure that the survey results were computer compatible.

Informal conversations with parents and educators provided the writer with ideas to include in the workshops. They also assisted in dissemination of information about the practicum as well as the workshops.

The post survey developed into a much different document than the pre-survey since it was necessary to have the workshop attendees complete it at the time of the workshop (see Appendix I). An evaluation of all of the workshop activities were also developed and completed by participants to determine whether objectives were met (see Appendix E).

The survey form was coded for data input into the computer. This provided an excellent opportunity to review each survey for completeness as well as a cursory evaluation of results.

Further discussions were held with the computer "expert" regarding the type and content of information to be extracted from the data. The timeline for data evaluation was affected because of conflicts between his schedule and that of the writer.

Because of the specificity of the survey to children with Down's syndrome, there were quite a few regular educators who did not complete the survey. Some of them sent it back with a note and some called and indicated they could not complete it for lack of information about this particular population. This fact reduces the number of surveys returned but also supports the writer's view that educators do not have the

knowledge about Down's which will assist in providing an appropriate education for them.

Voluntary attendance at workshops always presents a situation which results in those persons attending being the ones who least require the information being offered. It would be better to offer this type of workshop on a statewide inservice day when all school staff are required to attend. The timeline of this practicum prevented this from occurring. Future workshops on the topic of mainstreaming Down's will be planned around these statewide inservice days.

Some of the roadblocks which could occur in duplicating this practicum would center around the large number of surveys disseminated; the need to have access to and knowledge regarding computer analysis; the need for support from the state education office; and the realization that, for maximum benefit, it is necessary to have mandatory attendance at the workshops. The first and last of the above could be supported by the local, county or state education agencies through the authoritative power they have over their staffs.

CHAPTER FIVE

RESULTS
CONCLUSIONS
RECOMMENDATIONS
DISSEMINATION PLANS

A. Results

As previously stated in Chapter Three, Section A, this practicum was designed to evaluate the knowledge of educators and parents about the education of children with Down's syndrome. It was anticipated that the survey would indicate that many of the sample population of educators and parents were unfamiliar with Down's syndrome as a diagnosis as well as the educational needs of these children. The second goal was to modify the attitude of educators and parents toward the education of children with Down's syndrome so that placement would be based on ability and not on diagnosis. Hopefully, the workshops provided information to parents and educators that will improve their attitudes toward the educational placement of children with Down's syndrome.

There were returned 310 of the 764 surveys sent to educators with only 206 of them completed. The remaining 104 survey forms were returned with comments such as: "Do not know anything about Down's; Do not have Down's in our building; Have never taught a child with Down's." These comments are further support for the need to provide educators with knowledge about children with Down's syndrome. The surveys indicate a 41% return rate with 17 of the 19 school districts in the State represented. It is this writer's opinion that the return percentage would

have been even higher if general educators had more knowledge about this syndrome.

The breakdown of the 206 surveys are as follows:

	Usable Surveys	% of Usable Surveys	No. of Surveys Disseminated
Regular Teacher	56	27.2%	145
Special Education Teacher	31	15.0%	241
Principal	94	45.6%	190
Sp. Ed. Supervisor	8	3.9%	23
Therapist	3	1.5%	
Psychologist	3	1.5%	
Others	6	2.9%	65
Nurse	2	1.0%	
Missing for this item	3	1.5%	
	206	100.0%	764

The parents returned 61 of 100 for a 61% return rate. New Castle County parents were represented by 34 of the surveys with 27 from Kent and Sussex counties. Any time that populations are evaluated in Delaware it is stated that New Castle County has half the population of the State. This was supported by this survey. The parents represented 12 of the 19 school districts since 3 of the districts are vocational and no children with Down's attend in those districts the ratio is 12 of 16 districts.

	Usable Surveys	% of Usable Surveys
Mothers	44	72.1%
Fathers	6	9.8%
Mother & Father	8	13.1%
Grandparents	2	3.3%
Missing for this item	1	1.6%
	61	100.0%

There were 16 surveys which were completed by parents of Down's who were also educators. This data was treated as if there were two surveys, one as a parent and one as an educator.

The children represented by the parent surveys ranged from 1 year to 21 years of age. There were 14 from 1 year to 5 years; 23 from 6 years to 15 years; and 24 from 16 years to 21 years. It was interesting to note that they were evenly divided in relationship to sex.

The mother's age at time of Down's birth ranged from 15 years to 44 years with 42 of 55 valid cases being born prior to mother's age of 34, whereas 13 were born to mothers between age 35 to 44. This data continues to support the medical findings that older mothers have a greater risk of having a child with Down's syndrome. Twenty-four percent of the cases were born to mothers over 35 years of age. There were also 35% of the fathers who were over 35 years of age.

All of the parents who answered the question about from whom they learned about Down's syndrome indicated that it was a doctor.

Question number 6 on the survey asked whether "children with Down's would experience greater acceptance if their facial characteristics could be altered (see Chapter II, p. 6)?"

Results

	Item Missing	Yes	No
Educators	(32) 15.5%	56.3% (116)	28.2% (58)
Parents	(4) 6.6%	47.5% (29)	45.9% (28)

As can be noted above, the parents were almost evenly divided whereas the educators were 2 to 1 in stating that appearance does make a difference in how children with Down's are accepted. This response is expected since parents would more readily accept their child as he/she is.

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Parents and educators, for the most part, were aware of the range of disability in the Down's population (question 3).

Results

	No. Missing	Yes	No
Parents	(2) 3.3%	(50) 82.0%	(9) 14.8%
Educators	(19) 9.2%	(138) 67.0%	(49) 23.8%

It is interesting to note that the parents were more knowledgeable in this area than were the educators. This is probably because the parents have read more about the syndrome and how the children are affected. The parents (82%) were also more aware of the causes of Down's (question 1) than were the educators (72.3%). All parents of children with Down's syndrome and all educators, special and regular should know the cause of Down's and the range of disability within the syndrome.

Neither the educators (80.6%) nor the parents (88.5%) felt that special education was too costly for the benefits derived from it (question 11). The results on this question are interesting because many times regular educators indicate that they feel that too much is spent on special education.

Do you approve of mainstreaming children with Down's syndrome (question 14)?

Results

	No. Missing	Yes	No
Parents	(3) 4.9%	(41) 67.2%	(17) 27.9%
Educators	(35) 17%	(143) 69.4%	(28) 13.6%

It is interesting to evaluate this data. Although the yes percentage is very close the percent of parents is twice that of educators for the no answer. Parents may not have as high expectations for their children

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with Down's since they have not been encouraged to expect high performance. Another important factor is that 17% of the educators did not answer this question. This could mean disapproval or do not have an opinion because of lack of knowledge.

Both parents and educators indicated a lack of knowledge either about Down's syndrome and/or about the levels in the continuum of services (Appendix F). Explanation for each level was part of the survey so that there could be no misunderstanding. For the highest functioning Down's it would be necessary for them to have some direct assistance from special education teachers which would require that they be on level III of the continuum. Sixty-four percent of parents and 68% of educators indicated that they should be mainstreamed at level I. Only 9.8% of parents and 10.2% of educators felt that level III was appropriate.

As a note of interest question 17 asked about organizations to which the person belonged.

	D.A.R.C.	A.A.M.D.	C.E.C.	D.P.D.
Parents	47.5% (29)	1.6% (1)	(5) 8.2%	(32) 52.5%
Educators	8.3% (17)	1.0% (2)	(25) 12.1%	(6) 2.9%

Delaware Association for Retarded Citizens and Delaware Parents of Down's are basically parent organizations whereas American Association on Mental Deficiency and Council for Exceptional Children are professional organizations. All of the organizations accept both parents and professionals.

The responses on question 16 (for parents only) indicated that parents did take advantage of community services.

Questions 7, 8, 9 and 10 were the meat of the survey and dealt with the expectations of the parents and educators as they relate to the

performance of children with Down's syndrome (see Tables I, II, III, and IV).

Question 7 (Table I) deals with the self-help and social skills of Down's children as expected at different ages. The parents' expectations at age 6 years were higher than the educators in all areas except "going on a simple errand" and "obtaining help in an emergency." The areas that the parents may have overrated were: "ride a bus independently; cross street safely; and make change for a dollar." The educators certainly underrated the children in the self-help skills, such as, feeding, bathing and dressing. The educators don't have opportunities to observe the children doing these skills, except for feeding, so that this could be related to lack of knowledge.

At the ten-year old level there was a mixture of expectations by parents and educators. The educators were high in the feeding, dressing and bathing skills. The parents expected the child to take telephone messages whereas the educators did not. The parents were higher in: "crossing street safely;" "obtain help in emergency;" "participate in leisure skill activities;" and "making change for a dollar."

The 15 year old level is very interesting with small percentages of both parents and educators indicating that children with Down's are not able to bathe, feed or dress themselves until that age. The educators' highest percentages for the areas of doing daily chores, taking telephone messages, riding bus independently, making simple purchases, crossing street safely, obtaining help in an emergency and making change for a dollar were at the 15 year age level. This indicates that the parents expectations for Down's is higher and more realistic in most of the areas. The writer has had twenty years experience working with children with Down's syndrome and can make this statement from personal experience.

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TABLE I - QUESTION 7

Expectations in social and self-help skill areas of children with Down's by:

	Feed Self		Bathe Self		Dress Self		Do Daily Chores With Minimum Super.		Go On Simple Errands		Ride Bus Independently		Make Simple Purchases		Take Telephone Messages		Cross Street Safely		Obtain Help In Emergency		Part. In Leisure Time Activities		Make Change For $1.00	
	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators
6 yrs	86.9%	57.3%	57.4%	31.1%	70.5%	28.2%	19.7%	10.7%	1.6%	5.3%	9.8%	4.9%	1.6%	1.5%	1.6%	.5%	16.4%	2.4%	4.9%	5.3%	49.2%	34.0%	31.1%	1.0%
10 yrs.	3.3%	16.0%	26.2%	33.5%	16.4%	37.4%	45.9%	33.5%	42.6%	30.6%	11.5%	13.1%	27.9%	13.6%	44.3%	19.4%	45.9%	29.1%	42.6%	22.8%	24.6%	18.0%	44.3%	16.5%
15 yrs.	4.9%	2.9%	11.5%	9.2%	4.9%	9.7%	24.5%	31.1%	41.0%	36.4%	52.5%	46.6%	59.0%	54.4%	42.6%	45.6%	21.3%	39.8%	39.6%	40.8%	21.3%	22.3%	9.8%	48.5%
Never	0%	0%	0%	0%	0%	.5%	0%	0%	0%	2.4%	13.1%	9.7%	4.9%	4.9%	6.6%	8.7%	6.6%	4.4%	8.2%	6.8%	0%	.5%	0%	8.3%
Cases Missing*	4.9%	23.8%	4.9%	25.2%	8.2%	24.3%	9.8%	24.8%	8.2%	25.2%	13.1%	25.8%	6.6%	25.8%	4.9%	25.7%	9.9%	24.3%	4.9%	24.3%	4.9%	24.8%	13.1%	25.7%

Total parent cases = 61
Total educator cases = 206

* Missing cases means that percentage of persons did not answer the question.

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There were both parents and educators who indicated that Down's would never be able to do those skills indicated in question 7 (see Table I).

It was interesting to note that the range of parents not answering this question ranged from 3 (4.9%), to 8 (13.1%) whereas the educators range was from 49 (23.8%) to 53 (25.8%). This may again be that the educators were not comfortable answering a question about something of which they lacked knowledge.

Question 8 (Table II) dealt with potential abilities of persons with Down's as they merge into society as an adult. It was interesting to note that 45.9% of the parents and 28.2% of the educators felt that Down's could graduate from high school. Down's may be able to complete special high school programs and it is this writer's opinion that this was the expectations of those parents and educators. Delaware has several good programs for the handicapped in vocational and special education programs. The graduates do not receive a regular high school diploma. This part of the question could have been misleading.

"Earning a living," "contributing to society" and "living independently" were supported by both educators and parents. Delaware has an independent living organization which teaches the young adults how to accomplish these skills. The training picks up where the school vocational programs stop and provides practical implementation of the skills they have learned in school.

Parents (14.8%) and educators (17%) felt that Down's could raise a family. This again is high expectations for even the highest functioning Down's since their poor reasoning ability and lack of quick decision making would interfere with being a parent.

TABLE II - QUESTION 8

Do you think that children with Down's have the potential to:

	Graduate From High School		Earn A Living		Live Indepen-dently		Raise A Family		Contri-bute To Society	
Yes	45.9%	28.2%	78.7%	66.0%	68.9%	53.4%	14.8%	17.0%	85.2%	74.8%
No	47.5%	49.5%	13.1%	12.1%	23.0%	23.8%	68.9%	57.3%	8.2%	4.4%
Missing Cases	6.6%	22.3%	3.2%	21.8%	8.2%	22.8%	16.4%	25.7%	6.6%	20.9%
	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators

Total parent cases = 61

Total educator cases = 206

Question 9 (Table III) which deals with cognitive development, indicates that educators and parents have about the same expectations at age 6 years. "Counting objects to 12" was rated high by parents (37.7%) and low by educators (17.5%).

At 10 years of age the parents (60.7%) felt that Down's could write their name, address and telephone number independently with only 38.3% of the educators supporting this item at this age. Except for reading and understanding a newspaper the other items were closely rated by both parents and educators. This item is an interesting one since the Down's can read the paper but comprehension is a problem because of the vague, double meaning words so often used in newspaper journalism.

There were some parents and some educators in each skill area who felt that children with Down's syndrome would never be able to accomplish that particular skill. All of these skills could be accomplished by mildly handicapped children with Down's syndrome.

Question 10 (Table IV) addresses the grade level ability of children with Downs as reported by the survey sample. As expected, trainable level was the highest with parents at 80.3% and educators at 71.4%. As the levels increased to "pass competency for high school graduation" the parents were 18.0% and educators were 11.2%. When comparing this with question 8 the parents indicated that the children should be able to graduate from high school with 45.9% voting yes. The educators also supported this item with 28.2% saying yes.

In question 10 there is a gradual increase of expectations going from trainable to high school competency whereas in question 8 the item stood alone. In any future evaluation of this concept of high school graduation clarification will have to be determined to be able to obtain a true picture of the expectations of the sample.

TABLE III - QUESTION 9

Do you expect a child with Down's to be able to:

	Write Name, Address & Phone No. Independently		Communicate a Simple Idea In Writing		Relate Verbally A Simple Experience		Arrange Words In Alphabetical Order		Read & Understand A Newspaper		Count Objects To 12		Multiply Using A Table	
	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators	Parents	Educators
6 yrs.	4.9%	1.5%	3.3%	0.5%	34.4%	24.8%	3.3%	2.4%	0%	3.9%	37.7%	17.5%	0%	.5%
10 yrs.	60.7%	38.3%	36.1%	22.8%	29.5%	35.4%	32.8%	21.8%	11.5%	39.3%	39.3%	39.8%	13.1%	14.1%
15 yrs.	29.5%	34.5%	47.5%	45.6%	26.2%	16.0%	50.8%	40.8%	60.7%	29.1%	18.0%	17.0%	55.7%	46.6%
Never	1.6%	2.4%	4.9%	6.8%	4.9%	1.0%	6.6%	9.7%	14.8%	1.9%	0%	2.9%	13.1%	11.2%
Missing Cases	3.3%	23.3%	8.2%	24.2%	4.9%	22.8%	6.6%	25.3%	13.1%	25.7%	4.9%	22.8%	18.0%	27.7%

Total parent cases = 61

Total educator cases = 206

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TABLE IV - QUESTION 10

Do you expect a child with Down's to complete grade level work for:

	Trainable Class		Educable Class		Mildly Handicapped Class		Elementary Class		Junior High Class		Pass High School Competency Test	
Yes	80.3%	71.4%	67.2%	57.8%	59.0%	44.2%	55.7%	33.5%	27.9%	14.1%	18.0%	11.2%
No	0%	1.0%	8.2%	10.7%	9.8%	26.2%	13.1%	35.9%	39.3%	52.9%	44.3%	53.9%
Missing Cases	19.7%	27.7%	24.6%	31.6%	31.1%	29.6%	31.1%	30.6%	32.8%	33.0%	37.7%	35.0%
	Parents	Educators	Parents	Educators	Parents	Educators	Parents=	Educators	Parents	Educators	Parents	Educators

Total parent cases = 61

Total educator cases = 206

All of the above questions indicate some lack of knowledge about the educational and social/self-help skills of which the Down's are capable as reported by this sample of parents and educators.

Question 18 (see Appendix C and Tables V & VI) was a general point scale of how you feel about Down's syndrome children's characteristics (Phillips et al, 1980). Only 147 (71.4%) educators answered this question while 51 (83.6%) parents answered it. This may indicate that the parents are more comfortable thinking about children with Down's than are educators. The scale was from 1 to 7 going from negative to positive. Items were rearranged when data was placed in computer so that all items followed the negative to positive format. This was not done in the original question because it is not advisable to have all of one type of characteristic on the same side of the scale. Repondees may not think about the implications if there is not some mixture of characteristics within the body of the scale.

The only item on which more educators (15.5%) scored a 7 than did parents (6.6%) was preventable versus not preventable. This may indicate that parents are more accepting of Down's and less aware of the preventable possibility than are educators. The educators tended to cluster around the midpoint of the scale, whereas the parents moved toward the positive side of the scale on most of the characteristics. The parents are able to see their children as individuals with positive characteristics while the educators view them as potential problems within the educational arena. Parents (44.3%) and educators (23.9%) felt that the syndrome was incurable. This characteristic was one where there was a high number of missing cases for both parents (14.8%) and educators (31.1%). With adequate knowledge both samples should have indicated that, at this time, the syndrome is incurable.

TABLE V

THE WAY YOU FEEL ABOUT DOWN'S SYNDROME CHILDREN'S CHARACTERISTICS

Educators

Cases Missing		Negative	1	2	3	4	5	6	7	Positive
28.2%	18-a	sick	8.3%	12.1%	13.6%	23.3%	11.7%	2.9%	0%	healthy
28.6%	18-b	punishing	17.5%	19.9%	13.6%	14.1%	3.9%	1.5%	1.0%	rewarding
27.7%	18-c	inhuman	.5%	1.5%	1.9%	5.8%	6.8%	11.7%	44.8%	human
28.6%	18-d	crazy	12.6%	19.9%	16.0%	18.4%	2.4%	1.5%	.5%	rational
27.7%	18-e	awkward	6.8%	13.1%	20.4%	18.0%	9.2%	2.9%	1.9%	skilled
30.6%	18-f	not preventable	4.9%	5.3%	8.3%	17.0%	5.3%	13.1%	15.5%	preventable
29.1%	18-g	incompetent	3.9%	6.3%	16.0%	22.8%	15.0%	6.3%	.5%	competent
31.1%	18-h	incurable	23.8%	12.1%	9.2%	10.2%	8.3%	5.3%	1.0%	curable
28.6%	18-i	strange	13.6%	14.1%	11.7%	16.5%	9.7%	4.9%	1.0%	familiar
29.6%	18-j	lonely	1.9%	13.1%	8.7%	18.0%	5.8%	10.2%	12.6%	not lonely
29.1%	18-k	deviant	1.5%	1.9%	8.7%	19.9%	10.2%	17.0%	11.7%	conforming
28.6%	18-l	hopeless	22.8%	14.6%	11.2%	14.1%	5.8%	2.4%	.5%	hopeful
29.1%	18-m	insane	0%	.5%	1.9%	11.2%	10.2%	15.0%	32.0%	sane
29.6%	18-n	shameful	.5%	0%	1.5%	20.9%	12.1%	15.0%	20.4%	prideful
29.1%	18-o	unhappy	25.2%	19.4%	10.2%	9.7%	3.9%	1.5%	1.0%	happy
33.0%	18-p	inevitable	7.8%	6.3%	9.2%	21.8%	10.2%	8.3%	3.4%	avoidable

TABLE VI

THE WAY YOU FEEL ABOUT DOWN'S SYNDROME CHILDREN'S CHARACTERISTICS

Parents

Cases Missing		Negative	1	2	3	4	5	6	7	Positive
9.8%	18-a	sick	0%	1.6%	9.8%	14.8%	13.1%	19.7%	31.1%	healthy
8.2%	18-b	punishing	3.3%	0%	1.6%	8.2%	4.9%	21.3%	52.5%	rewarding
9.8%	18-c	inhuman	3.3%	0%	0%	3.3%	0%	1.6%	82.0%	human
16.4%	18-d	crazy	0%	0%	0%	9.6%	8.2%	24.6%	41.0%	rational
13.1%	18-e	awkward	4.9%	9.8%	9.8%	26.2%	16.4%	8.2%	11.5%	skilled
24.6%	18-f	not preventable	42.6%	4.9%	1.6%	9.8%	6.6%	3.3%	6.6%	preventable
16.4%	18-g	incompetent	3.3%	6.6%	4.9%	16.4%	16.4%	16.4%	19.7%	competent
14.8%	18-h	incurable	44.3%	9.8%	4.9%	4.9%	6.6%	6.6%	8.2%	curable
14.8%	18-i	strange	1.6%	0%	4.9%	14.8%	9.6%	13.1%	41.0%	familiar
9.8%	18-j	lonely	6.6%	4.9%	11.5%	13.1%	6.6%	8.2%	39.3%	not lonely
18.0%	18-k	deviant	6.6%	0%	4.9%	8.2%	11.5%	21.3%	29.5%	conforming
8.2%	18-l	hopeless	4.9%	1.6%	1.6%	1.6%	8.2%	14.8%	59.0%	hopeful
9.8%	18-m	insane	1.6%	0%	0%	8.2%	8.2%	4.9%	67.2%	sane
9.8%	18-n	shameful	3.3%	0%	1.6%	8.2%	4.9%	16.4%	55.7%	prideful
11.5%	18-o	unhappy	1.6%	1.6%	1.6%	3.3%	3.3%	11.5%	65.6%	happy
26.2%	18-p	inevitable	27.9%	6.6%	11.5%	19.7%	3.3%	1.6%	3.3%	avoidable

Question 19 (see Appendix C and Table VII), for educators only, showed those responding clustering around the midpoint of the 1 to 7 scale. This scale indicated how educators felt when teaching children with Down's syndrome. There were four areas that were high positive: pleasant -vs- unpleasant; happy -vs- sad; valuable -vs- worthless and active -vs- not active. The only negative item which was higher (3.4%) than .5% was standing -vs- running. This response could relate to the hypotonia (poor muscle tone) which is a characteristic of Down's syndrome.

Parents (67.2%) and educators (69.4%) indicated that they approved mainstreaming for children with Down's syndrome, but were very unrealistic about the level of the continuum at which it should occur. They supported the concept but seemed to lack the knowledge about how Down's function in relationship to the educational continuum of services.

After evaluating questions 7, 8, 9 and 10, it was apparent that both parents and educators were inconsistent in their social/educational expectations for children with Down's syndrome.

The problem, as stated on page 4 was, "the present attitude and lack of knowledge about Down's syndrome of some parents and educators towards Down's syndrome children and the level of educational programming which these parents and educators (because of attitude and lack of knowledge) feel is appropriate for Down's children." This problem was supported by the data obtained from the surveys.

TABLE VII

HOW TEACHING A DOWN'S SYNDROME CHILD MAKES ME FEEL

Educators Only

Cases Missing		Negative	1	2	3	4	5	6	7	Positive
45.2%	19-a	small	.5%	2.9%	1.5%	18.9%	7.8%	9.2%	14.1%	large
43.7%	19-b	unpleasant	0%	2.9%	1.9%	9.7%	7.8%	14.1%	19.9%	pleasant
45.1%	19-c	slow	0%	4.4%	8.3%	25.7%	5.8%	6.8%	3.9%	fast
44.2%	19-d	little	0%	1.9%	3.4%	22.8%	6.8%	10.2%	10.7%	big
46.6%	19-e	standing	3.4%	4.4%	7.8%	27.3%	7.3%	5.3%	1.9%	running
44.2%	19-f	sad	.5%	1.9%	4.4%	8.7%	8.7%	14.6%	17.0%	happy
44.7%	19-g	weak	.5%	2.4%	3.9%	12.6%	11.7%	12.1%	12.1%	strong
43.2%	19-h	bad	0%	1.0%	1.5%	8.3%	8.3%	15.0%	22.8%	good
44.7%	19-i	still	.5%	1.5%	6.3%	18.9%	16.3%	12.1%	9.7%	moving
43.2%	19-j	worthless	0%	1.0%	2.4%	5.3%	7.8%	15.0%	25.2%	valuable
43.7%	19-k	not active	.5%	1.0%	2.9%	8.7%	8.3%	13.6%	21.4%	active
44.2%	19-l	dull	.5%	.5%	2.9%	16.5%	8.3%	14.1%	13.1%	sharp

Two workshops were conducted to provide knowledge about Down's syndrome and to attempt to change the attitude of parents and educators toward the placement of Down's within the educational continuum of services. The Kent and Sussex County one was held on May 3, 1984, at a Middle School in the Milford School District (Appendix A). The New Castle County one was held on May 17, 1984, at the Douglass School in the Christina School District's Wilmington area (Appendix A). Both sites were central locations for easy accessibility.

The attendance was poor at both workshops even though 874 notices (Appendix M) were disseminated to parents and educators. There were 13 educators and 7 parents at the Kent/Sussex workshop with 10 educators and 11 parents at the New Castle County one. Two children with Down's, ages 14 months and 15 years, participated in the Kent/Sussex workshop and 5 children ages 14 months to 7 years, were at the New Castle workshop.

The workshop agenda (Appendix H) was the same at both workshops. The film was not shown because it was decided that it was more important for the interaction to occur between the educators and the children. The children responded well to the small group which was possibly a positive, rather than negative, aspect of the workshops.

The normal curve (Appendix L) was used to illustrate the wide range of ability which may exist within the syndrome. This was done in relationship to the levels of retardation as outlined by the American Association on Mental Deficiency (Grossman, 1973).

It was also explained that there are five good reasons for studying the variability within the Down's syndrome population.

1. Parental education would affect Down's children just as it would any other child.

2. Parental genetic composition would affect Down's children just as it would any other child.
3. Research up to this time has been limited in behaviors and context studied.
4. Down's reared in institutions have been the samples used for testing. This means that real life situations have not been part of their experiences.
5. Down's lack of affectability as infants may cause adults to think of them as unresponsive. Responsiveness by the child helps the parents develop confidence and competence as parents.

Information was provided on the various causes of Down's syndrome as it relates to genetics. The three kinds of genetic anomalies were explained using overheads to show the differences.

Charts were shown and disseminated which compared muscular development of Down's with that of the average child. A similar chart demonstrated the same information for the self-help skills (Rynders et al, 1976).

"Strategies for change" and "Down's in the classroom" were presented by Mrs. Sylvia Jackson who is the principal of one of Delaware's schools for the mentally retarded. She took the participants through the "Group Process" (Appendix J) so that all were familiar with the strategies used to promote change.

A parent in each workshop discussed with the group "life with a Down's." The educators were very interested in this segment of the workshop. Many questions were asked and genuine concern and understanding began to develop as parents and educators really began to interact.

The children were the highlight of the evening at both settings. The 15 year old boy (Appendix N) was truly a delight. He sauntered in in blue jeans and sneakers with his hands in his pockets as if to say "here I am."

His reactions were typically teenager. The group had been coached earlier regarding some of his interests so that a one-half hour conversation developed between Jim and the workshop attendees.

The children who were at the New Castle County workshop were younger and instead of just talking to the group they demonstrated academic skills such as: letter recognition; word recognition; number recognition and sets. Chris, a seven year old, picked up a puppet and answered the questions through the puppet. He was able to manipulate it quite well. His speech was loud and clear (he has had speech therapy since the age of two).

The results of the post survey (Appendix I), which was completed by the participants at the completion of the workshop, indicated that the workshops were successful. In New Castle County, where 10 surveys were completed, 8 of 10 indicated increased knowledge about Down's syndrome; 8 of 10 were more aware of Down's as people; 8 of 10 were interested in learning more about Down's; and 10 of 10 felt that some Down's could be mainstreamed. In Kent/Sussex Counties, where 13 surveys were completed, 13 of 13 indicated increased knowledge about Down's syndrome; 10 of 13 were more aware of Down's as people; 12 of 13 were interested in learning more about Down's; and 13 of 13 felt that some Down's could be mainstreamed. The writer felt that, for those attending, the workshops were effective as reported through the data of the post surveys.

Of the 23 persons completing post-surveys only 11 had sent in the pre-survey. The following indicates the work setting for those attending both worksnops.

TABLE VIII

POST SURVEY - RESULTS

	Increase Knowledge				More Aware of Down's As People				Learn More About Down's		Mainstream Down's			COMMENTS
	Alot	Some	Very Little	None	Yes	Somewhat	No	N/A	Yes	No	Yes	Somewhat	No	Some of the parents left early & did not complete surveys
New Castle County	3	5	1	1	6	2	0	2	8	2	8	2	0	3 of 10 did not fill out pre-survey. One survey not completed.
Kent/Sussex Counties	5	8	0	0	8	2	1	2	12 1*		10	3	0	8 of 13 did not fill out pre-survey *1 indicated perhaps

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special education teachers	11
kindergarten teacher (regular)	1
educational diagnostician	2
psychologist	2
cluster coordinator	1
principal (special school)	1
school nurse (special school)	1
secretary (special school)	1
librarian (regular)	1
elementary teacher (6th)	2
speech clinician	1
	24
parents	18
	42

The expectations that 51% of the participants at the workshops would increase their knowledge about Down's syndrome and would change their attitude toward appropriate educational placements for them was supported by the results of this practicum. Actually 91% indicated that their knowledge had been increased, whereas 100% felt that children with Down's syndrome should be placed according to ability, including mainstreaming, when appropriate.

As a counter measure, similar questions (8 & 9) were asked on the general evaluation form (Appendix E) used at the workshops. There were 25 of these forms completed by participants. On statement 8, 22 of 25 agreed or strongly agreed (Table IX) that their knowledge about Down's had been improved. This indicates an 88% agreement. Question 9 related to altering participant's attitude toward the range of educational placement for Down's with the results indicating a 76% agreement.

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TABLE IX

WORKSHOP EVALUATIONS

	Objectives Stated					Objectives Met					Group Participation					Audio Visual					Setting					Content					Presentors Informed					Improved My Knowledge About Down's					Altered My Attitude Toward Education Of Down's				
	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
New Castle County	2	9		1		2	9		1		5	6	1				5	4	2	1	4	6	2			4	7			1	5	6		1		5	5	1	1		2	5	2	3	
Kent/Sussex Counties	6	6	1			5	7	1			7	5	1			1	5	4	3		1	10	1	1		6	6	1			9	3	1			8	4	1			6	6	1		

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This data supports the conclusion that the standards of performance (Chapter 3, p. 27) were met for the goals and objectives of this practicum.

As a direct result of the Kent/Sussex workshop one 7 year old child with Down's is going to be categorized as a learning disabled child and will be mainstreamed. She will attend a resource room for assistance in the academic subjects as needed. (The resource room special education teacher remains in the room all day with the children scheduled for those subjects with which they need additional help.)

The teacher contacted the writer after the workshop for assistance in placing the child. She stated that she would not have pursued the placement without the knowledge she gained from the workshop and the author's support. It is definite that ONE child has benefited from this practicum.

A letter was received from the parent also stating how pleased she was with the workshop and the fact that one of the Department of Public Instruction's staff is supporting the appropriate educational placement for children with Down's syndrome.

The attitude of educators will assist in shaping our Down's children's future.

B. Conclusions

The discussion of the results of this practicum would indicate that the goals and objectives were successfully attained. The pre-survey results supported the problem statement while the post-survey results indicated that the workshops were effective in changing the attitudes of the parents and educators who attended.

It was not anticipated that a large number of educators would rather not fill out the survey. This fact seems to indicate a lack of knowledge about the education and functioning level of Down's by those persons. The large number of principals (91 of 190), who returned completed surveys, may have done so because they are more supportive of persons working for doctorates or that they had the time to complete surveys when other staff were in the classroom.

It was also concluded that the survey was too long. Not many people enjoy completing surveys and long ones are laid aside rather than taking time to fill them out. This could have been the reason that only 31 special education teachers, out of 241, returned the completed survey.

It was possible to send out a large number of surveys since the writer was permitted to utilize the state mail system, at no cost. Not many persons could duplicate such a mailing, if it required that the surveys be sent through the U.S. postal system.

When dependent and independent variables were evaluated there was found to be little, if any, significance indicated. The writer therefore elected to report all results in percentages, which could be compared between the two sample groups.

Attendance at the workshops was another concern, which would have to be closely evaluated in duplicating this practicum. They should be held when it is mandatory that educators attend, such as an inservice day.

Harry Passow (source unknown) stated that: "Talent is not the perogative of any racial or ethnic group, any social class or any residential area. It may lie untapped in some situations, under some conditions, but no population has either a monopoly on or any absence of talent."

The above quote could certainly include the population of children with Down's syndrome. Educators do not know which children with Down's have hidden talent. They must be made aware that each child should be evaluated and, subsequently, educated according to their own talents and abilities. This practicum writer anticipates developing additional workshops to be presented during statewide inservice days so that more educators may be given the opportunity to gain additional knowledge about Down's syndrome and about the educational potential and variability of children with Down's syndrome.

The writer would like to add an additional note of interest. A mother of a child with Down's syndrome asked that her child not be designated "Down's syndrome" but as a "child with Down's syndrome." This provides people with the concept of child before that of Down's syndrome. To be able to improve attitudes toward the education of this population it is necessary to think of them as children first.

C. Recommendations for Someone Implementing a Similar Study

1. Develop a survey that is short enough to encourage people to complete but long enough to obtain necessary information.
2. Provide a workshop that is of longer duration (3 hours was not enough time) and that is presented during mandatory inservice time.
3. Be sure that children with Down's syndrome are part of the workshop.

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4. Include parents as part of the audience as well as presentors.
5. Consider the impact and significance of speaking of children with Down's syndrome rather than Down's syndrome children.
6. Obtain support of the powers-to-be so that the importance of the work will be understood and appreciated as it relates to education.

D. Dissemination Plans

The writer plans to submit a paper to the Council for Exceptional Children's "Call for Papers" for the 1986 conference. An article will also be sent to CEC for possible publication in their journal for the Mental Retardation Division. A similar article will be submitted to the American Association on Mental Deficiency to be published in the American Journal of Mental Deficiency.

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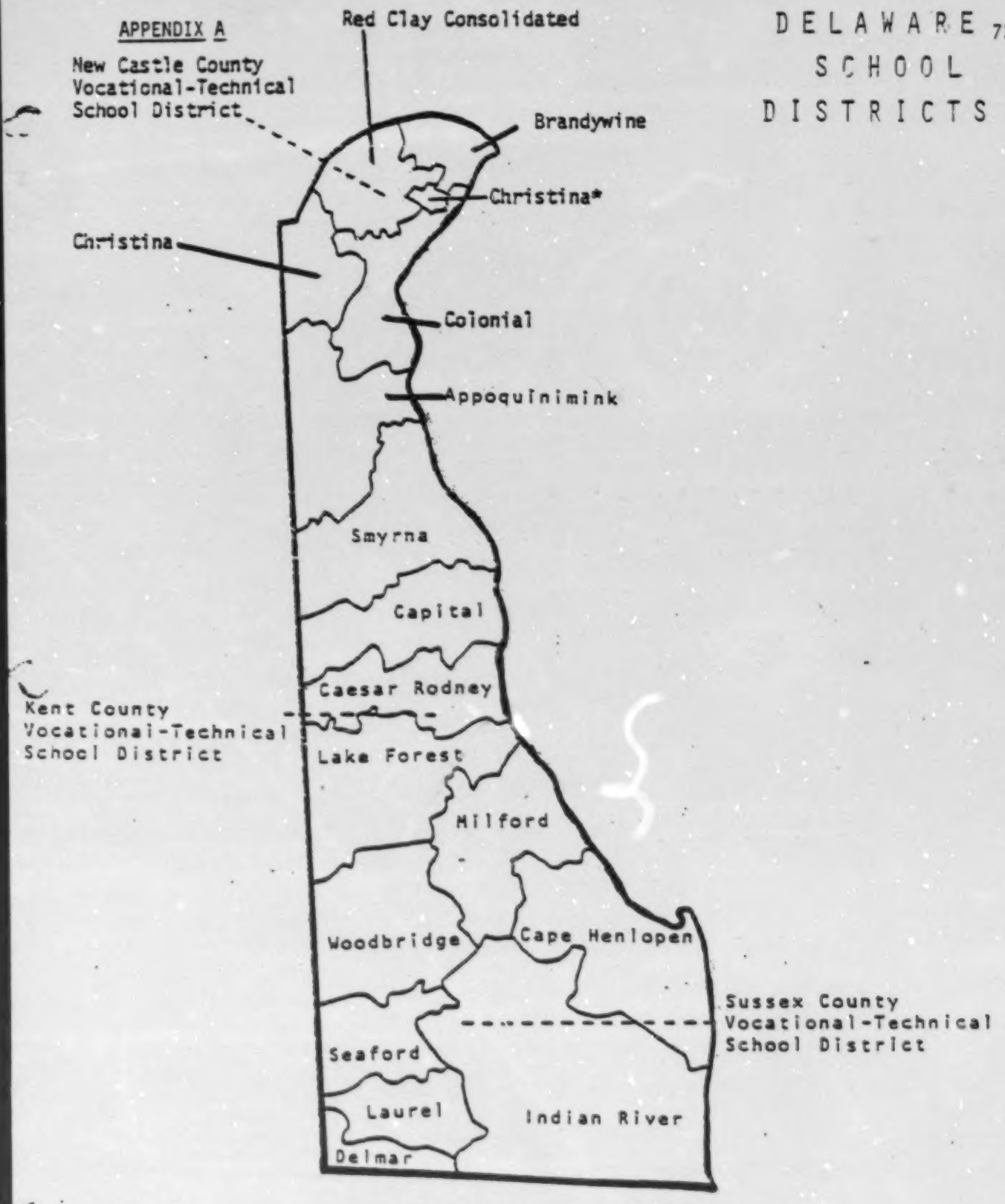
APPENDIX A

DELAWARE SCHOOL DISTRICTS



*Noncontiguous portion of Christina School District within the City of Wilmington.

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APPENDIX B

Pictures of a child with Down's Syndrome

6 months

9 months

1 year

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2 years

6 years

7 years

8 years

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9 years

10 years

12 years

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77

13 years

Summer of 1983

14 years old

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APPENDIX C

SURVEY

PARENTS PLEASE RESPOND TO QUESTION I.

EDUCATORS PLEASE RESPOND TO QUESTION II.

I. General Information - Parents of Down's Syndrome Child

(Parent filling out survey please check): _____ Mother _____ Father

Date: _____

School District: _____

Age of Down's Child: _____ Sex: _____

Age of Parents at Child's Birth: Mother: _____ Father: _____

Last Grade Completed: Mother: _____ Father: _____

Number of Brothers: _____ Sisters: _____

Place of Down's in Family: _____

(Optional) Religious preference of person answering questionnaire:

_____

Parents please move on to Section III.

II. General Information - Educators

Date: _____

School District: _____

Regular Teacher_____ Special Education Teacher_____
Principal_____ Special Education Supervisor_____

(Please check one of the above)

Number of years working with Down's syndrome children: _____

(Optional) Religious preference of person answering questionnaire:

_____

III. Survey: Education of Down's

1. Do you know the causes of Down's syndrome?

   Yes _____ No _____ (If yes, answer 2.)

2. Where did you learn about the causes of Down's syndrome?

   Doctor Friend Literature Other

   (Circle appropriate answer)

3. Are you aware of the range of disability among Down's children?

   Yes _____ No _____

4. Have you observed instances of understanding and acceptance of children with Down's syndrome by: (Check one or more)

	Seldom	Occasionally	Frequently
Family	_____	_____	_____
Peers	_____	_____	_____
Educators	_____	_____	_____
Medical Professionals	_____	_____	_____
Others	_____	_____	_____

5. Have you observed instances of rejection of children with Down's by: (Check one or more)

	Seldom	Occasionally	Frequently
Family	_____	_____	_____
Peers	_____	_____	_____
Educators	_____	_____	_____
Medical Professionals	_____	_____	_____
Others	_____	_____	_____

6. Do you feel that children with Down's syndrome would experience greater acceptance if their facial characteristics could be altered?

   Yes _____ No _____

7. Do you expect a child with Down's to be able to:

	by age:	6 yrs	10 yrs	15 yrs	Never
7-a	feed self	____	____	____	____
7-b	bathe self	____	____	____	____
7-c	dress self	____	____	____	____
7-d	complete daily chores with minimum supervision	____	____	____	____
7-e	go on simple errands	____	____	____	____
7-f	ride bus independently	____	____	____	____
7-g	make simple purchases	____	____	____	____
7-h	take telephone messages	____	____	____	____
7-i	cross street safely	____	____	____	____
7-j	obtain help in emergencies	____	____	____	____
7-k	participate in leisure time activities	____	____	____	____
7-l	make change for $1.00	____	____	____	____

8. Do you think that children with Down's have the potential to:

		Yes	No
8-a	graduate from high school?	____	____
8-b	earn a living?	____	____
8-c	live independently?	____	____
8-d	raise a family?	____	____
8-e	contribute to society?	____	____

9. Do you expect a child with Down's to be able to:

	by age:	6 yrs	10 yrs	15 yrs	Never
9-a	write name, address and phone number, independently	____	____	____	____
9-b	communicate a simple idea in writing	____	____	____	____
9-c	relate a simple experience, verbally	____	____	____	____

(continued)

9. (continued)

by age:	6 yrs	10 yrs	15 yrs	Never
9-d arrange words in alphabetical order	____	____	____	____
9-e read and understand a newspaper	____	____	____	____
9-f count objects to 12	____	____	____	____
9-g multiply, using a table	____	____	____	____

10. Complete grade level work for:

	Yes	No
10-a trainable class	____	____
10-b educable class	____	____
10-c mildly handicapped class	____	____
10-d elementary class	____	____
10-e junior high class	____	____
10-f pass competency test to graduate from high school	____	____

11. Do you think special education is too costly for the benefits derived from it?

Yes _____ No _____

12. Are you in favor of individually developed education programs (i.e., IEP):

a. in the regular classroom for all students? Yes _____ No _____

13. Are you in favor of individualized instruction (IEP):

a. mainstreamed students only? Yes _____ No _____

14. Do you approve of mainstreaming children with Down's syndrome?

Yes _____ No _____ (If yes, please check level you feel could be must appropriate.)

_____ Level I - regular class with consultant services.

_____ Level II - regular class with supportive or part-time services (resource room).

(continued)

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14. (continued)

_____ Level III - special education class with part-time mainstream experience.

_____ Level IV - full time special education class (full school day).

_____ Level V - special school (Intensive Learning Center, Meadowood, Ennis, Leach, etc.).

_____ Level VI - supportive instruction at school, home or hospital.

_____ Level VII - residential schools and treatment centers.

15. Have you participated in inservice programs relating to mainstreaming handicapped children?

Yes _____ No _____ (If yes, please indicate approximate number of sessions.)

Less than 3 _____ 3 _____ 5 _____ 7 _____ More than 7 _____

16. For Parents Only:

Have you received any of the following types of community support?

		Yes	No
16-a	professional counseling	_____	_____
16-b	health screening/service	_____	_____
16-c	respite services	_____	_____
16-d	infant stimulation	_____	_____
16-e	diagnostic services	_____	_____
16-f	parent information group	_____	_____
16-g	other (be specific) _____	_____	_____

_____

17. Are you a member of any of the following organizations?

		Yes	No
17-a	Delaware Association for Retarded Citizens	_____	_____
17-b	American Association for Mentally Deficient	_____	_____

(continued)

17. (continued)

		Yes	No
17-c	Council for Exceptional Children	____	____
17-d	Delaware Parents of Down's	____	____

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18. Please complete the following point scale according to the way you feel about Down's syndrome children's characteristics. Place an X on the point between the two words which indicates your feelings about the Down's child.

Down's Syndrome Children (Phillips et al, 1980)

18-a	healthy	_____:_____:_____:_____:_____:_____:_____	sick
18-b	rewarding	_____:_____:_____:_____:_____:_____:_____	punishing
18-c	inhuman	_____:_____:_____:_____:_____:_____:_____	human
18-d	rational	_____:_____:_____:_____:_____:_____:_____	crazy
18-e	awkward	_____:_____:_____:_____:_____:_____:_____	skilled
18-f	preventable	_____:_____:_____:_____:_____:_____:_____	not preventable
18-g	competent	_____:_____:_____:_____:_____:_____:_____	incompetent
18-h	incurable	_____:_____:_____:_____:_____:_____:_____	curable
18-i	familiar	_____:_____:_____:_____:_____:_____:_____	strange
18-j	lonely	_____:_____:_____:_____:_____:_____:_____	not lonely
18-k	deviant	_____:_____:_____:_____:_____:_____:_____	conforming
18-l	hopeful	_____:_____:_____:_____:_____:_____:_____	hopeless
18-m	insane	_____:_____:_____:_____:_____:_____:_____	sane
18-n	shameful	_____:_____:_____:_____:_____:_____:_____	prideful
18-o	happy	_____:_____:_____:_____:_____:_____:_____	unhappy
18-p	inevitable	_____:_____:_____:_____:_____:_____:_____	avoidable

19. For educators only: (Lundstrom, 1979)

Teaching a Down's syndrome child makes me feel: (Indicate with an X your feelings)

19-a	large	____:____:____:____:____:____:____	small
19-b	unpleasant	____:____:____:____:____:____:____	pleasant
19-c	fast	____:____:____:____:____:____:____	slow
19-d	little	____:____:____:____:____:____:____	big
19-e	standing	____:____:____:____:____:____:____	running
19-f	happy	____:____:____:____:____:____:____	sad
19-g	weak	____:____:____:____:____:____:____	strong
19-h	good	____:____:____:____:____:____:____	bad
19-i	moving	____:____:____:____:____:____:____	still
19-j	worthless	____:____:____:____:____:____:____	valuable
19-k	not active	____:____:____:____:____:____:____	active
19-l	sharp	____:____:____:____:____:____:____	dull

Dear Parent:

The attached survey has been compiled to obtain information about your feelings about the educational programs for your Down's syndrome child.

Dr. William B. Keene, State Superintendent of Public Instruction, has approved this project.

The information will be used to assist in programs for your children as well as workshops for staff in the Delaware schools.

I am using this survey to complete work for my doctorate in early childhood education and plan to use the results as support for workshops with teachers, administrators and parents.

No names will be included so that complete confidentiality will be maintained. I would like to know which school district you live in so that I can compare the information received.

It would be greatly appreciated if you could return this to me, through your school, in the attached envelope by November 30, 1983.

I will be glad to share the results of this project with anyone who would like to contact me about them.

Your cooperation is greatly appreciated by me and by your children who will benefit from the results of this study.

Sincerely,

Barbara E. Humphreys
State Specialist
Department of Public Instruction

BEH:me
Attachment

Dear Educator:

The attached survey is being used to partially complete the requirements for a doctorate in early childhood education.

Dr. William B. Keene, State Superintendent of Public Instruction, has approved this project.

I would appreciate it if you would complete it and return it to me as quickly as possible through your school, in the attached envelope.

I will be glad to share the results with you if you contact me and indicate your interest.

I thank you in advance for your cooperation.

Sincerely,

Barbara E. Humphreys
State Specialist
Department of Public Instruction

BEH:me
Attachment

APPENDIX D

HOW TO EDUCATE ADULTS

A BRAINSTORMING EFFORT
of ED 543 Students
Fall 1979

1. Lecture
2. Panel Discussion
3. Field trips
4. Films, slides
5. Reading - write answers

6. Illustrations and discussion
7. Cartoons
8. Demonstration
9. TV and discussion
10. Group discussion

11. Research and report to group
12. Canvass a group, take poll and report back to colleagues
13. Observe and report back to colleagues
14. Distribute literature, pamphlets
15. Conferences

16. Informal community drop-in center
17. Role playing
18. Support group
19. Games
20. Question and answer

21. Newspapers
22. Magazine
23. Bulletin boards
24. Booklet of illustrations
25. Door to door visitations

26. Programmed text
27. Show and tell
28. Consciousness
29. Sensitivity group
30. Volunteer

31. Parent-child projects
32. Mini courses
33. Open-ended stories
34. Parties around a theme
35. Saria - dramatic (drama) play theatre

36. Puppetry
37. Travel
38. Meditating
39. Chalk talk
40. Physical activity

41. Group provides resource
42. Advising
43. Coffees, cheese and wines
44. Workshops
45. Gripe sessions

46. Retreats
47. Inservice training
48. Lock-in sessions
49. Arguments
50. Debates

51. Moralistic stories
52. Letters
53. Petitions
54. Stands
55. Hands-on experiences

56. Diary
57. Log
58. Modeling behavior
59. Free play
60. Parent leader

61. Share your own experience with them
62. Establish an informal community center for learning
63. Home bound education
64. Invite them into the school - the classroom
65. Hire them as caregivers in the preschool

66. Do a needs assessment of the target area to see if there is a need for such services
67. Find out what they already know and build on that
68. Go see trip
69. Ask group "who knows someone that can teach us about?? or Do you know"
70. Group reports on topics

71. Give outline of readings/assignments, go on their own
72. AV materials
73. Small group then regrouping to total group
74. Commercial TV programs
75. Handouts - the group assimilates and answers questions

76. Programmed texts
77. Individualized learning - contract method
78. One to one learning
79. Teacher acting as rx giver in area, paraprofessional giving specific remedial instruction
80. Allow them to observe the problem - invite into classroom

81. Have a "hands on" experience workshop
82. Open discussion
83. Have adults raise the questions (q + a sessions)
84. Newsletters
85. Puppets

86. Role playing
87. Demonstrations
88. Music
89. Chalk talk
90. Drama

91. Discussions in round
92. Brainstorming
93. Sharing
94. Conferences away from norm environment
95. Make it and take it

96. Show and tell
97. Presentations
98. Mime
99. Phamplets and writings
100. Games

101. Values clarification
102. Pot luck supper
103. Luncheon meetings
104. Breakfast meetings
105. Desserts

106. Small meetings in home
107. New comers meeting
108. Street fair
109. Mall display
110. Banners

111. Supermarket bulletin board
112. Materials in waiting room
113. TV radio spot announcements
114. Paid advertisements
115. Mailings

116. Book fairs
117. Health Fairs
118. Keynote speakers
119. Book reviews
120. Correspondence courses

WORKSHOP EVALUATION FORM

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
1. The workshop objectives were well stated:					
2. The workshop objectives were met:					
3. The workshop provided opportunities for group participation:					
4. The audio-visual presentations were effective:					
5. The workshop setting was conducive to learning:					
6. The workshop content was well presented:					
7. The workshop presenters were well informed:					
8. This workshop helped improve my knowledge about children with Downs:					
9. This workshop helped to alter my attitude toward the range of educational placement for Down's:					

The following continuum of services is found in the Administrative Manual for Programs for Exceptional Children, Delaware Department of Public Instruction, Revised 9/80, pp. 20-21.

D. Continuum of Services

Educational programs and supportive services of every district shall offer a range of alternatives designed to meet the individual needs of all children and youth who are residents of that district. Such a continuum of services, developed in consultation with the State Department of Public Instruction and other public agencies shall consider the uniqueness of individuals and the variations in their educational needs. (The description of such a continuum at each of its levels, is found in Appendix III.)

Level I - Regular classroom with consultant services

Level II - Regular classroom with supportive or part-time services (resource room)

Level III - Special education classroom with part-time mainstream experiences

Level IV - Full time special education classroom (full school day)

Level V - Special school

Level VI - Supportive instruction at school, home, or hospital

Level VII - Residential schools and treatment centers

E. Continuum of Services: District Responsibilities

It shall be the responsibility of each school district to develop and maintain educational programs Levels I through IV. The location of Level IV is dependent on the number and needs of children and may be established in the home district or may require the cooperative efforts of several districts and possibly any other public agency, as specified in administrative agreements. Such agreements shall be required for programs at Levels V and VII, shall delineate the roles and responsibilities of all participating agencies, shall be signed by the administrative heads of all such agencies and shall be approved by the State Board of Education.

APPENDIX G

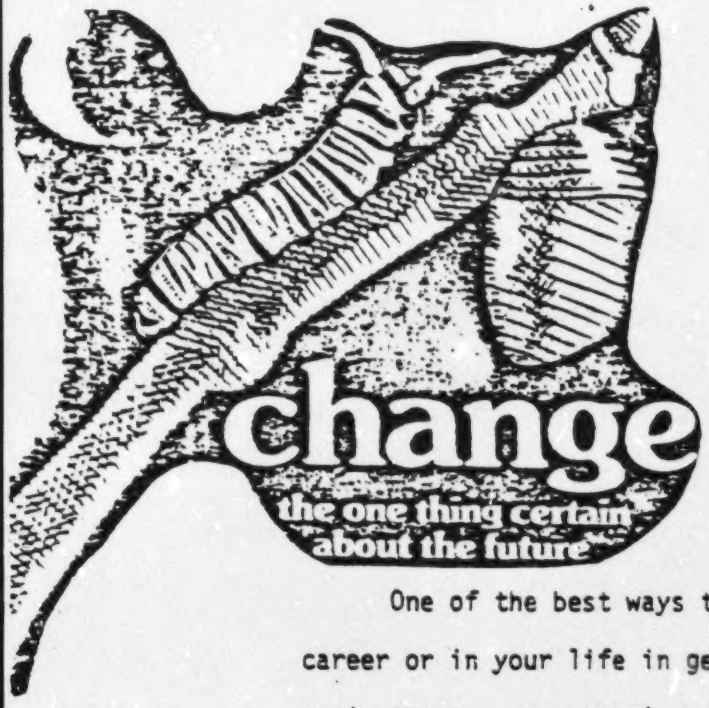
ATTITUDE CHANGE WORKSHOP: "UP WITH DOWN'S"

AGENDA (Tentative)

I.	Introduction - Barbara E. Humphreys	15 minutes
	a. Welcome b. Warm-up activity	
II.	Reports of Survey Findings - Barbara E. Humphreys	15 minutes
	a. Specific results b. Statistical data (not too complicated)	
III.	Implications of Findings - Sylvia Jackson	15 minutes
	a. For child b. For parent c. For professional educator	
IV.	Strategies for Change - Sylvia Jackson and Barbara E. Humphreys	30 minutes
	a. Re-education b. Persuasion c. Facilitative d. Power (Kaluzny, 1981, p. 35)	
V.	Film	30 minutes
	a. David - the story of a boy with Down's syndrome	
VI.	Panel of Down's syndrome children	45 minutes
	a. Have 3 or 4 children talk about their school experience. b. Have an informal period of time for workshop participants to interact with the children.	
VII.	Simulation Activity	30 minutes
	a. Use the findings on the survey to develop activities where the participants are treated like they would have treated the Down's population.	
VIII.	Question and Answer Session	15 minutes
IX.	Refreshments	

APPENDIX H

MAINSTREAMING: UP WITH DOWN'S



Mainstreaming is a challenge to all educators and it requires a change in our perspective of the education of those children with special needs, especially the children with Down's syndrome.

One of the best ways to grow and develop in your career or in your life in general, is through change: new environments, new experiences and opportunities to learn new technologies and more efficient teaching practices. Look forward and upward in the face of change! Welcome the thrust of a "New Beginning" with increased vitality and a stronger commitment to communication, collaboration and coordination! These are the links that bind us together in structuring a strong and viable educational environment. time is fleeting . . . and life and change are inextricably linked. Let us welcome the changes of this new season and find the special blessing therein.

Sylvia Jackson

"There are two lasting bequests we can hope to give our children. One is roots, the other, wings."

Anonymous

AGENDA

I. INTRODUCTION - Barbara E. Humphreys

A. Welcome

B. Warm-up Activity - group activity - one person from each group

II. MEETING CHILDREN WITH DOWN'S SYNDROME

III. REPORT OF SURVEY FINDINGS - Barbara Humphreys

General highlight of results.

IV. IMPLICATIONS OF FINDINGS - Sylvia Jackson

Child
Parent
Educator

V. STRATEGIES FOR CHANGE - Group process

VI. BREAK

VII. FILM: "SHARING THE EXPERIENCE WITH JUNE"

VIII. DOWN'S IN THE CLASSROOM - Sylvia Jackson

IX. LIVING WITH A DOWN'S - A parent

X. QUESTIONS AND ANSWERS

XI. SUMMARY - EVALUATION

"Give us the wisdom, Lord, to make
the most of life, all of life."

APPENDIX I

POST SURVEY

1. To what degree did your knowledge about the education of children with Down's syndrome increase as a result of this workshop?

   Some _____ A Lot _____ Very Little _____ None _____

2. If you had never really been around children with Down's prior to this workshop, are you feeling that you are now more aware of Down's as people?

   Yes _____ Somewhat _____ No _____

3. Would you like to learn more about the abilities of Down's and how to educate them effectively?

   Yes _____ No _____

   If yes, please contact me for more information.

4. Do you now feel that children with Down's syndrome could be mainstreamed based on ability rather than being <u>automatically</u> placed in trainable classes?

   Yes _____ Somewhat _____ No _____

APPENDIX J

GROUP PROCESS = GETTING BACK TO BASICS FOR THE HANDICAPPED

RE-EDUCATION	PERSUASION	FACILITATIVE	POWER	COMMENTS

WHO, WHAT, WHY, WHEN, WHERE???

APPENDIX K

QUESTIONS FOR WARM-UP SESSION

Where were you born?

Are you a native Delawarean?

Are you a parent or educator?

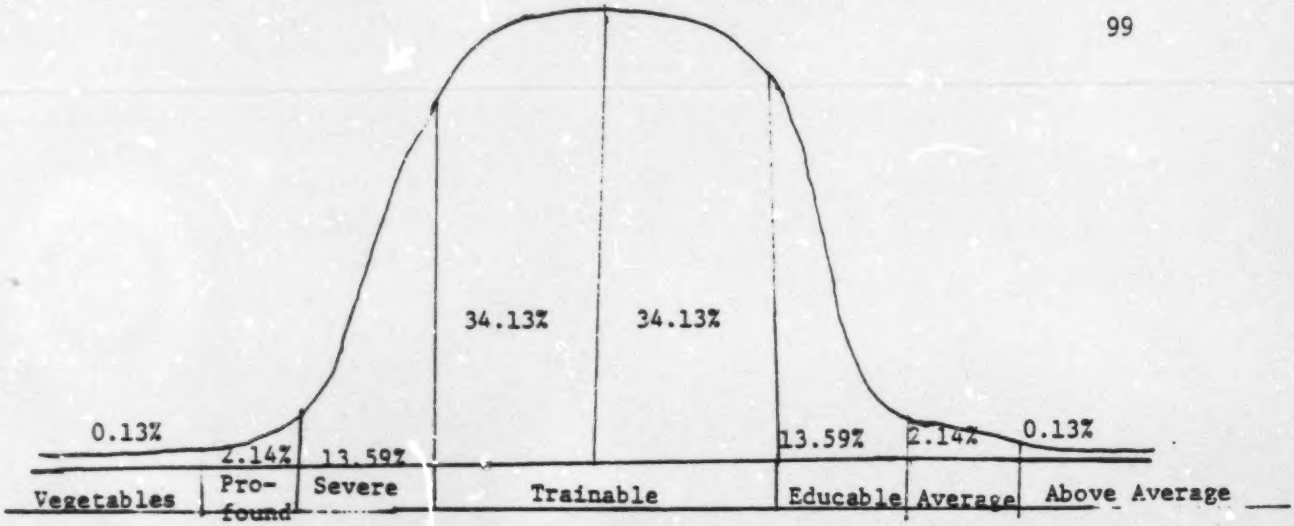
What is unique about you? (Special interests)

How did you get involved in special education, if you are?

Why did you come tonight?

What are your feelings and thoughts on the education of children with Down's syndrome?

APPENDIX L



Normal curve

as it could relate to functioning level of children

with Down's syndrome

INSTRUCTIONAL SERVICES BRANCH
EXCEPTIONAL CHILDREN/SPECIAL PROGRAMS DIVISION

April 16, 1984

TO: All Delaware Educators and Parents on Survey List

FROM: Barbara E. Humphreys BEH
State Specialist, Exceptional Children Programs

SUBJECT: "UP WITH DOWN'S" WORKSHOP - MAINSTREAMING IS EVERYBODY BUSINESS

NEW CASTLE COUNTY	KENT/SUSSEX COUNTIES
PLACE: Douglass School	Milford Middle School
DATE: May 17, 1984	May 3, 1984
TIME: 6:30 p.m. to 9:30 p.m.	6:30 p.m. to 9:30 p.m.
CREDIT: 1/5 inservice for educators	1/5 inservice for educators

Have you ever wished that you could join a group that included a young adult Downs, and really learn what makes him tick?

Are you tired of getting information out of a textbook and then discovering that all you have read doesn't really apply?

If you would like to have some of the myths shattered; some of your feelings about the capabilities of a Downs confirmed, join us on one of the above evenings and explore, in a small fashion, the world of a Downs!

The two above workshops will be identical so that you will be able to attend close to home.

Even if you didn't complete the survey please feel free to attend the workshop to increase your knowledge of Down's syndrome and to understand their difference as human beings rather than the fact that they have Down's syndrome.

BEH/cck

APPENDIX N

"JIM"

To take part in our discussion in Kent/Sussex Counties, a young 15 year old Down's Syndrome will be joining us. Jim is presently in private placement having been in the regular school system in special education classes, up until the past two years. In the coming 1984-85 school year, he will be working on completing grade 7 reading with a 80% completion requirement. His math goals for the coming school year is to complete grades 5.5-6 80% correct. His spelling is presently on the 6.0-6.5 grade level. He is an avid supporter of the Philadelphia 76'ers and is quite knowledgeable about them. He will happily share his knowledge but only if he is not asked questions directly. He has been on field trips to Washington where his class rode the subway, visited the Smithsonian and other points of interest. He holidays in Canada, is quite a traveler and will join any discussion on where he or other people may have been. His speech is <u>fast</u> and is either clear or nasal depending upon the Delaware weather.

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